



COUNTY BOROUGH OF SOUTHEND-ON-SEA

ANNUAL REPORT

ON THE WORK OF THE
PUBLIC HEALTH DEPARTMENT
AND
THE SCHOOL HEALTH SERVICE

For the Year 1947



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COUNTY BOROUGH OF SOUTHEND-ON-SEA.

HEALTH COMMITTEE

November, 1947—July 4th, 1948

Chairman:

His Worship the Mayor (Mr. Alderman S. F. Johnson, J.P.)

Vice-Chairman:

Mr. Alderman W.H. Calvert.
 Mr. Alderman J. J. Sullivan.
 Mr. Councillor W. Bray.
 Mrs. Councillor M. Broom.
 Mr. Councillor F. Cause.
 Mr. Councillor B. S. Clarke, M.P.S.
 Mr. Councillor G. R. Croxall.
 Mr. Councillor J. T. Fowler, J.P. (Died 9th March, 1948)
 Mr. Councillor L. J. Griffin (Resigned 2nd March, 1948)
 Mrs. Councillor M. E. Harvey.
 Mrs. Councillor E. L. Oxley.
 Mr. Councillor H. M. Royle.

SANITARY COMMITTEE

November, 1947—July 4th, 1948

Chairman:

Mr. Alderman W. J. Perrett.
 Mr. Councillor H. J. Anderson.
 Mr. Councillor S. H. J. Bates.
 Mr. Councillor H. H. Bentley.
 Mr. Councillor B. S. Clarke, M.P.S.
 Mr. Councillor F. G. Feather.
 Mr. Councillor A. E. Hill.
 Mrs. Councillor E. L. Oxley.
 Mr. Councillor H. W. Pinchbeck, F.R.I.C.S., F.A.I.

MATERNITY AND CHILD WELFARE COMMITTEE

November, 1947—July 4th, 1948

Chairman:

Mrs. Councillor M. Broom.

Vice-Chairman:

Mrs. Councillor M. E. Harvey.

This Committee consists of the Council members of the Health Committee together with 4 co-opted members, viz:—

Mr. V. R. Tattersall.
Dr. L. Gordon Hopkins, J.P.
Mrs. A. E. Jarvis.
Miss M. E. Reay, C.B.E.

THE COMMITTEE FOR THE CARE OF THE MENTALLY DEFECTIVE

November, 1947—July 4th, 1948

Chairman:

Mr. Councillor L. J. Griffin.

Vice-Chairman:

Mr. Councillor B. S. Clarke, M.P.S.

This Committee consists of the Council members of the Health Committee together with 3 co-opted members, viz.:—

Miss A. Delf, B.A.
H. W. Cooper, Esq., J.P.
Dr. L. Gordon Hopkins, J.P.

COMMITTEE UNDER THE BLIND PERSONS ACT

November, 1947—July 4th, 1948

Chairman:

Mr. Councillor B. S. Clarke, M.P.S.

Vice-Chairman:

Mr. Councillor W. Bray.

This Committee consists of the Council members of the Health Committee (excepting Councillor H. M. Royle), together with 3 co-opted members, viz.:—

Mrs. J. A. Francis.
Mrs. A. E. Jarvis.
Mr. C. W. Beale (representing Education Committee).

ANNUAL REPORT

I have the honour to present a report on the work of the Public Health Department during 1947, compiled in accordance with Ministry Health circular 170/47.

The Registrar-General's estimate of the mid-year population was 144,350, an increase of 9,450 over the mid-1946 estimate; local information suggests the higher estimate of 146,000.

The number of live births registered was 3,199, a figure much higher than any previous total, and double the immediate pre-war annual figure. The birth rate per 1,000 residents was 22.16 as compared with 11.33 in the previous year, while the death rate was 13.04 as against 12.68 last year.

The infantile mortality rate remained much the same, being 31.57 per 1,000. This is very favourable in comparison with the rate, 41 per 1,000, for England and Wales. The maternal mortality rate was again a new low record, being .61 per 1,000.

The most noteworthy epidemiological event of the year was the epidemic incidence of infantile paralysis in the late summer; this is fully recorded elsewhere in this report.

It will be seen there was a general expansion in all sections of the work of the department, achieved only because of the unstinted effort of all members of the staff.

To them and to the unfailing and generous support of the Committees whom I serve, the results herein recorded are due, and to them I am again most profoundly indebted.

J. STEVENSON LOGAN,

Medical Officer of Health.

VITAL STATISTICS, 1947.

POPULATION

Census 1931 (prior to the Extension of the Borough on 1st October, 1933)	...	...	...	...	120,093
At mid-year, 1947, as estimated by Registrar General					144,350
At mid-year, 1939, as estimated by Registrar General					137,800

LIVE BIRTHS

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of legitimate births	...	1,612	1,405	3,017
Number of illegitimate births	...	96	86	182
		<hr/>	<hr/>	<hr/>
Total Births		1,708	1,491	3,199
		<hr/>	<hr/>	<hr/>
Birth Rate per 1,000 Residents	...	...	...	22.16
Illegitimate Birth Rate per 1,000 Residents	...	...	...	1.26

STILL BIRTHS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of legitimate still births ...	26	31	57
Number of illegitimate still births ...	1	1	2

DEATHS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of deaths	914	968	1,882
Death Rate per 1,000 ... ..	...	...	13.0
Percentage of total deaths occurring in Public Institutions			42.4

Women dying in, or in consequence
of, child birth—

	<i>No.</i>	<i>Rate per 1,000 Births (Live & Still)</i>	
From Sepsis ... ..	...	—	.00
From other causes ... ..	...	2	.6
		—	—
	Total	2	.6
		—	—

INFANT MORTALITY RATE

All infants per 1,000 live births	31.5
Legitimate infants per 1,000 legitimate live births ...	30.4
Illegitimate infants per 1,000 illegitimate live births ...	49.4

ZYMOTIC DEATHS

No. of deaths from:

Measles ... ..	...
Whooping Cough ... ..	...
Diarrhoea and Enteritis (under 2 years of age)	...
Scarlet Fever ... ..	...
Diphtheria ... ..	...
Smallpox ... ..	...
Typhoid Fever ... ..	...

Total Zymotic Deaths

Zymotic Death Rate per 1,000 population 0.0

The following table, based on that issued by the Registrar General is given for comparison:

	<i>Annual Rate per 1,000 living</i>		<i>Deaths under one year to 1,000 births</i>
	<i>Live Births</i>	<i>Deaths from all causes</i>	
England and Wales	20.5	12.0	41
126 County Boroughs and Great Towns	23.3	13.0	47
148 Smaller Towns	22.2	11.9	36
London	22.7	12.8	37
Southend-on-Sea ...	22.16	13.04	31.57

*Maternal Mortality Rate per 1,000 total
births (live and still):*

	<i>England & Wales</i>	<i>Southend</i>
Puerperal Sepsis ...	.26	—
Other causes ...	.91	.61
	<hr/>	<hr/>
Total	1.17	.61
	<hr/>	<hr/>

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

WHOLE TIME.

At the Municipal Health Centre:—

James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health; School Medical Officer.

John Conway Preston, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H., Deputy Medical Officer of Health; Deputy School Medical Officer; Assistant Medical Officer, Venereal Diseases Clinic.

John Greenhalgh, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; Assistant School Medical Officer; Assistant Medical Officer, Venereal Diseases Clinic.

Gladys Lilian Neill, M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.B., B.S. (Lond.), Assistant Medical Officer of Health; Assistant School Medical Officer; Assistant Medical Officer, Venereal Diseases Clinic. (Appointed 10.3.47.)

Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Senior School Dental Surgeon.

Alexander T. Craig, L.D.S., R.C.S. (Eng.), Assistant School Dental Surgeon.

Medical Superintendents of Hospitals:—

Samuel Cieman, M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Superintendent, Municipal Hospital; Medical Officer of the Social Welfare Institution.

Eric Harral Tomlin, M.D., Ch.B., D.P.H., Medical Superintendent, Borough Sanatorium for Infectious Diseases.

PART-TIME.

At the Municipal Health Centre:—

Robert A. N. McMath, M.D., Ch.B., Clinical Tuberculosis Officer. (Dr. McMath is a District Tuberculosis Officer in the service of the Essex County Council, and as a temporary measure his services are shared with this Authority.)

Mrs. Flora Bridge, M.B., B.S., F.R.C.S., Resident Obstetric Officer, Southend Municipal Hospital; also Medical Officer at the Southend, Leigh, and Shoeburyness Ante-Natal Clinics, and Medical Supervisor of Midwives, as from October 17th appointed Consultant Obstetric and Gynæcological Surgeon (part-time).

Ralph Norman, M.D. (Lond.), Medical Officer, Southend Infant Centre; Southend Ante-Natal Clinic and Shoeburyness Infant Clinic.

Joan Lydia Lush, M.B., B.Sc., B.S., M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Southchurch Infant Centre.

Charles Alfred Garside Cato, M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Leigh Infant Clinic.

Margaret E. M. Boulton, M.R.C.S., L.R.C.P., Medical Officer Southend and Leigh Ante-Natal Clinics until 26.4.47.

Ruth M. Taylor, Medical Officer, Southend and Leigh Ante-Natal Clinics from 2.5.47.

Geoffrey I. Dudley, M.B., Ch.B., Medical Officer at Southend Ante-Natal Clinic.

NURSING STAFF.

Health Visitors and School Nurses:

Miss K. M. Burnett, (A), (B).

Miss V. M. Crump, (B), (C), retired 22.11.47.

Miss M. Butcher, (A), (B), (C).

Mrs. V. H. Groves, (A), (B), (C).

Miss M. N. Withams, (A), (B), (C).

Miss A. E. E. Penfold, (A), (B), (C).

Miss D. E. Stevens, (A), (B), (C).

Miss P. Bulwer, (A), (B), (C), resigned 5.9.47.

Miss G. M. John, (A), (B), (C).

Miss A. M. Turret, (A), (B), (C).

Miss F. L. Blackbourne, (A), (B), (C), appointed 1.5.47.

Miss M. K. Lock, (A), (B), (C), appointed 1.5.47.

Miss P. Barritt, (A), (B), (C), appointed 20.10.47.

Tuberculosis Health Visitor:

Mrs. E. E. Rowden (A).

Municipal Midwives:

Mrs. A. L. Blackwell (B).

Miss K. Boosey (B).

Miss E. A. Burnett (B).

Mrs. F. D. Etherington (B).

Mrs. C. M. Eggleston (B).

Miss A. M. Kerswell (B).

Miss E. E. Powell (B).

Miss W. M. Randall (A), (B).

Miss J. Williams (A), (B), resigned 13.8.47.

Mrs. P. Priest (B), appointed 6.1.47.

Miss R. Hodges (B), appointed 1.6.47.

Miss I. G. Prince (A), (B), appointed 6.8.47.

Miss I. E. Withams (A), (B), appointed temporarily 9.8.47.

A — State Registered Nurse.

B — State Certified Midwife.

C -- Certificated Health Visitor.

Chief Sanitary Inspector:

Mr. R. A. Drake, B.E.M.

Deputy Chief Sanitary Inspector:

Mr. J. H. Lott.

Assistant Sanitary Inspectors:

Mr. D. J. Legg, resigned 21.9.47.

Mr. A. C. Arnold.

Mr. E. A. Smith.

Mr. R. E. Williams.

Mr. H. Field, resigned 9.2.47.

Mr. P. Sanders.

Home Visitor to the Blind:

Miss N. G. Westby, Certificated Home Teacher.

Mental Deficiency Officer:

Miss M. A. Brock.

Chief Clerk:

Mr. Ernest A. Beasant.

STAFF.

Mrs. F. Bridge, F.R.C.S., Resident Obstetric Officer at the Municipal Hospital, was appointed to the post of Consultant Obstetric & Gynæcological Surgeon and took up duty on October 17th. This appointment marked an important stage in the development and integration of the Council's maternity services. The Southend Hospital's Advisory Committee, after reviewing the provision for specialist obstetric and gynæcological services in the area, recommended the appointment of a third Consultant Obstetric & Gynæcological Surgeon, and the Board of Management of the Southend General Hospital intimated that in the event of the Corporation, after consultation with the Medical Staff Committee of the Municipal Hospital, making a part time appointment, they would be prepared to recommend the successful candidate for appointment to the Consultant Staff of the Southend General Hospital. The post was advertised, and the Medical Staff Committee, in consultation with Mr. Victor Lack, of The London Hospital, who very kindly acted as assessor, unanimously recommended the appointment of Mrs. Bridge. The Council accepted this advice, and in due course Mrs. Bridge was appointed to the Consultant Staff of the General Hospital also.

She continued to be responsible for the work of the Council's Antenatal Clinics, where she was assisted by the resident staff of the Maternity Unit and by part-time officers.

Miss P. Cork, who resigned her appointment as Tuberculosis Dispensary Clerk on 20.3.47, was succeeded by Miss M. Lander, shorthand-typist in the Department, on 12.5.47.

Miss R. W. Tregear, part-time Speech Therapist, and Mrs. M. Blackwell, temporary part-time Children's Visitor, commenced duty on 20.10.47.

Miss M. Restorick, senior Maternity & Child Welfare and School Clinic Clerk, resigned on 30.10.47 and was succeeded by Miss A. M. Roberts.

Miss V. M. Crump, Health Visitor and School Nurse, who had been in the service of the Authority since 1.11.24, retired on reaching the age limit on 22.11.47.

Miss Crump's term of office included the important formative year of the Maternity & Child Welfare Service, and for the last eight years she had been in charge of the Shoeburyness area, a self-contained and rather remote division of the Borough. Her conscientious work, her pleasant manner and her deep and abiding interest in the welfare of mothers and children, had endeared her to the public among whom she had very many friends, and the Department regretted the loss of a very willing and pleasant colleague.

LABORATORY FACILITIES

The arrangements outlined in the report for 1946 remained unaltered in design although the scope of the services was increased and it became easier to obtain staff and technical equipment.

Discussions were held with the director of the Public Health Laboratory Service. The Council were desirous of providing laboratory premises close to the Municipal Health Centre in order to facilitate exchange of information between the laboratory and the department. The director, on the other hand, regarded an association between a hospital and the laboratory as of prime importance and although he would doubtless have preferred to establish the new laboratory at the Southend General Hospital, the offer of accommodation at the Borough Sanatorium was accepted, and by the end of the year, plans for the necessary alterations were in hand.

Our satisfaction in the prospect of having a public health laboratory in the area was increased by knowing that Dr. J. O. Oliver, director of Pathology at both our hospitals, would be in charge at least during the early months of its operation.

AMBULANCE FACILITIES

These remained unchanged throughout the year.

NURSING IN THE HOME

A district nursing service is provided by the Southend General Hospital Board of Management, and serves all areas of the Borough with the exception of Thorpe Bay and Shoeburyness. The Council made a grant of £543 15s. towards the salaries of the eight nurses employed in this work. This service has continued to be of the utmost value, and its expansion would be welcomed. The following information has kindly been supplied by the Secretary and House Governor:—

No. of patients visited in their homes in 1947	...	...	56
Total No. of visits made by District Nurses during 1947	...	...	2806

CLINICS AND TREATMENT CENTRES

1. *Infant Clinics*.—These were held at 2.15 p.m. as under:—

Shoeburyness:

Council Offices, High Street (from March, 1947). Doctor's Clinic 1st and 3rd Fridays. Health Visitor's Clinic on other Fridays.

Leigh-on-Sea:

70, Burnham Road. Mondays and Thursdays.

Southend-on-Sea: (Southend and Southchurch):

Municipal Health Centre. Mondays, Tuesdays, Thursdays and Fridays.

Eastwood:

Eastwood Schools 2nd and 4th Fridays—Health Visitor's Clinic.

Westcliff: St. Andrew's Church Hall. Wednesdays—Health Visitor's Clinic (from August).

National Dried Milk and Vitamin preparations supplied by the Ministry of Food, as well as proprietary brands of dried milk, were on sale at all infant welfare sessions.

Particulars of attendances are:—

	Southend	South-church	Leigh	Shoebury-ness	East-wood	West-cliff	Total
No. of sessions held	102	101	100	50	24	21	398
No. of individuals who attended and who at end of year were—							
Under 1 ...	535	573	386	144	75	333	2046
Aged 1 to 5 ...	816	674	731	173	108	112	2614
Totals	1351	1247	1117	317	183	445	4660

	Southend	South-church	Leigh	Shoebury-ness	East-wood	West-cliff	Total
Total attendances of—							
Infants ...	6621	6153	5792	1712	933	2251	23462
Children 1 to 5	1414	1189	1514	272	199	152	4740
No. of children aged 1 to 5 subjected to routine medical inspections ...	377	433	519	78	—	—	1407

Packets of National Dried Milk distributed totalled 16,036, of which 65 were supplied at the expense of the Council.

Vitamin Preparations:—

Cod Liver Oil	...	...	8,779
Fruit Juice, Orange	...	...	35,878
Vitamin Tablets	...	...	1,552

INFANT WELFARE CENTRES

In 1938 the Council recognised that the premises available for the centres were, with the exception of the Municipal Health Centre, inadequate in number and seriously defective in facilities, and but for the outbreak of war, a building programme would undoubtedly have been undertaken to make good these deficiencies. The opening of the Burnham Road Clinic in 1945 met a great need in the Leigh area, but other parts of the Borough were still badly served. It was realised that shortages of manpower and materials would make it impossible to provide the additional buildings, the need for which was increased by the rise in the birth rate. The Council therefore decided to make alterations at the Shoeburyness council offices, where proper dressing accommodation, a well equipped consulting room and remodelled lavatory accommodation were provided. The centre was moved from Caulfield Road Schools to these premises in March, to the great benefit of the work.

There was urgent need of a centre in Westcliff and arrangements were made with the trustees of St. Andrew's Church Hall to rent the building situated in Electric Avenue. We had much help from the Rev. W. A. Wright in making these arrangements, and his assistance is most gratefully acknowledged. The centre was opened in August and was a success from the outset.

The number of individual children under the age of 1 year who attended the centres was 2046, representing 64 per cent. of the 1946 live births, as compared with 66 per cent. in the previous year. The individual children in the 1-5 age group who were brought to the clinics numbered 2614, an increase of 180.

ANTE-NATAL CLINICS

The pattern of the medical and administrative arrangements reported previously, remained unchanged, but there was a further increase in the total number of sessions, from 318 to 429, made possible by an additional weekly session at the Municipal Health Centre at Burnham Road, Leigh, and from April, an additional fortnightly clinic at Shoeburyness. The medical staff of the clinics was increased by part time appointments as necessary. A total of 2771 individual mothers attended, representing 85 per cent. of the total births (live and still) during the year.

These figures take no account of the mothers who attended the Southend General Hospital ante-natal clinic and who entered the Municipal Hospital, Rochford, for their confinements.

Attendances at the Council's clinics were as shown below:—

	Southend	Leigh	Shoebury- ness	Total
No. of sessions held	306	101	22	429
No. of individual expectant mothers ...	2144	523	104	2771
No. of attendances of expectant mothers	9378	2716	445	12539

ENEREAL DISEASES TREATMENT CENTRE.

The following is the return for 1947 (Service cases excluded):—

	Syphilis M'ls. F'ls.		Soft Chancre M'ls. F'ls.		Gonorr- hoea M'ls. F'ls.		Conditions other than Venereal M'ls. F'ls.		Totals M'ls. F'ls.	
Number under treatment on January 1st	100	112	—	—	83	47	42	34	225	193
Number returned after cessa- tion of attendance in pre- vious years.	4	3	—	—	4	—	—	—	8	3
Number dealt with for first time :—										
(a) who had not previously attended any Centre ..	26	25	—	—	53	18	198	171	277	214
(b) who had attended other Centres.	21	7	1	—	19	1	1	1	42	9
Total under treatment during 1947	151	147	1	—	159	66	241	206	552	419
Discharged after completion of treatment and tests for cure	7	5	1	—	53	21	200	177	261	203
ceased to attend before com- pletion of treatment ..	—	—	—	—	1	—	—	—	1	—
died from disease whilst under treatment or observation ..	1	—	—	—	—	—	—	—	1	—
died from other causes whilst under treatment or observa- tion	1	—	—	—	—	—	—	—	1	—
ceased to attend after com- pletion of treatment but before final tests for cure ..	13	23	—	—	29	21	—	—	42	44
transferred to other Centres	19	7	—	—	17	3	7	2	43	12
Number under treatment on on December 31st, 1947 ..	110	112	—	—	59	21	34	27	203	160

Clinic attendances of civilians were:—

			Clinic Attendances		Intermediate Attendances	
			M.	F.	M.	F.
Syphilis .. .. .	...	...	1,048	1,003	—	—
Soft Chancre .. .. .	...	...	6	—	—	—
Gonorrhoea .. .. .	...	...	664	163	30	4
Other Patients .. .. .	...	...	813	511	469	3
Totals ..			2,531	1,677	499	7

The following are the civilian totals for previous years:—

New Patients suffering	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	47
From Syphilis	63	38	31	22	40	34	21	24	40	23	29	33	52	50	50
„ Gonorrhoea	118	131	129	88	107	127	83	61	78	82	73	60	112	110	71
„ Soft Chancre	7	5	3	4	1	—	—	—	—	—	—	—	—	—	—
Total Attendances	7182	6606	6221	5991	8564	9768	9472	2846	3319	3345	5185	4387	4431	5840	14

The number of patients under treatment during the year showed a small decline for both sexes. New patients treated for the first time for syphilis totalled 51 (last year 50). New gonorrhoea patients declined from 110 to 71 (53 males and 18 females). With the single exception of 1942 when owing to the war, conditions were completely different, this is the lowest number of new patients suffering from this condition recorded for many years.

Patients treated for non-venereal conditions totalled 447 out of 971.

Defence (General) Regulations—Regulation 33B. — One contact only, a woman suffering from gonorrhoea, was notified on Form 1 during the year. She was traced and persuaded to undertake treatment.

ADOPTION OF CHILDREN (REGULATION) ACT, 1939

The department continued to make enquiries on behalf of registered adoption societies and to assist them wherever possible.

The following is the statistical information relating to the working of the Act during the year:—

- (a) Number of persons who gave notice under Section 7 (3) during the year ... 15
- (b) Total number of children in respect of whom notice was given under Section 7 (3) during the year ... 27
- (c) Number of children notified under Section 7 (3):—
 - (i) under supervision at the end of the year ... 15
 - (ii) who died during the year ... —
 - (iii) on whom inquests were held during the year ... —
- (d) Particulars of any proceedings taken during the year:—Nil.

DEPRIVED CHILDREN

In January, a special sub-committee appointed by the General Purposes Committee of the Council to consider the findings of the “Curtis” Committee, reported *inter alia*—

"That there already exists a measure of liaison between the various Committees of the Council dealing with deprived children, through the medical officer of health as the health visitors visit all boarded out children irrespective of the Committee which maintains them."

"The medical officer of health reported that the work of finding, investigating and supervising of homes for deprived children required strengthening, that co-ordination in this work and continuity of supervision throughout childhood was essential."

The sub-committee came to the following conclusions:—

(i) "That as legislation was to be anticipated, a change in the present distribution of responsibility to Committees of the Council was inadvisable."

(ii) "That effect to a cardinal recommendation of the 'Curtis' Report that the functions of a local Authority as parent should be co-ordinated and made personal, could be given within the present administrative framework of the Council, by the appointment of a suitably qualified children's officer on the staff of the medical officer of health. This officer would co-ordinate the existing arrangements for inspection and supervision and generally carry out such additional duties in this regard, as may be requisite and should have had a high standard of general education, experience and training.

and recommended—

(i) "That the Joint Health, Education and Maternity and Child Welfare Committee appoint a suitably qualified children's officer to the staff of the medical officer of health."

(ii) "That the children's officer be responsible through the medical officer of health, to the undermentioned Committees for the welfare of the following categories of deprived children, and for the supervision of all boarding-out of children by the Council:—

(a) For children boarded out under the Poor Law Act, 1930, to the Social Welfare Committee.

(b) For children living with foster parents subject to supervision under the child life protection clauses of the Public Health Act 1936, to the Maternity and Child Welfare Committee.

(c) For children subject to supervision by Welfare authorities under the Adoption of Children Regulation Act, 1939, to the Maternity and Child Welfare Committee.

(d) For children boarded out under the Children & Young Persons Act 1933, to the interviewing Sub-Committee of the Education Committee.

After consideration of the text of the Children Bill and the applications received in response to the advertisement of the post of children's officer, no appointment was made, and the proposal to employ the title

"children's officer" was abandoned. Instead, there was appointed to the staff of the medical officer of health, a part-time children's visitor, being understood that there would be a review of these arrangements when the promised legislation was enacted.

The results were, in fact, more valuable than the bald narrative of events would suggest. The recognition of the essential responsibility of the medical officer of health for deprived children quickened the interest of the staff, whose efforts were supplemented by the children's visitors and improved liaison with other committees.

One important consequence has been that the department has ceased to be required to supervise foster home placements which have been made without consultation, and access to the Committees concerned has been much easier. A useful innovation has been a monthly conference attended by the Chairman of the Children's Sub-Committee of the Social Welfare Committee, the chief officer of social welfare, the medical officer of health and the health visitors.

We have also obtained first-hand knowledge of the prospective foster or adoptive father, and have taken up references, wherever possible by interview, and not by letter. The work has been interesting but time consuming, and familiarity has only served to increase the awareness of the heavy burden of responsibility which those charged with the oversight of the deprived child must bear.

The department has also been increasingly concerned with adoptions, continuing to co-operate with the National Adoption Societies. Reports have been provided and visits made whenever requested. Many people, seeking a child whom they may adopt, have turned to the department because they have been dismayed by the inability of the Adoption Societies to place a child with them as quickly as they had hoped, and as our work became better known, we received applications from parents who desired to part with their children.

All prospective adopters have been very carefully scrutinised, and their reasons for seeking a child gone into very thoroughly. The applicants are chiefly those whose marriages have proved childless, and it has been surprising to find how many couples are content to accept infertility as irremediable, without adequate medical examination, or even a reasonable waiting period. Where the history and the age of the woman suggested no *prima facie* obstacle to parenthood, applicants have been advised to obtain medical advice, and with their consent we have communicated with the family doctor. In one case at least, where the advice was followed, a woman who sought to adopt a child is now pregnant and looking forward to having a babe of her own.

It may be that the psychological factors which influenced the wartime rise in the birth rate have also affected the desire for adoption, but it is pitiable to see how indiscriminating many of the would-be adoptive parents are, and how impatiently they disregard warnings about precipitancy and the desirability of being selective as to the stock from which a child springs.

The department has tried to avoid becoming an adoption agency, conceiving our functions to be to advise those who wish to adopt a child, or who seek adoption for an unwanted child, to investigate applications and to co-operate with the various other agencies in this field.

Wherever possible, the actual arranging of an adoption has been left in other hands, so preserving our ability to take an objective view.

Of course, many of the babies in whose adoption we have been interested are the children of unmarried mothers, or of married women whose spouses are not the fathers. As far as possible, all discussion about the adoption of an unborn child has been avoided until his arrival, or we have preferred to wait until the mother has had an opportunity of seeing and handling the babe, and of making her decision with some real knowledge of what she purposes. Not infrequently the age-old instinct has triumphed, the mother resolving at all costs to retain her infant. Where, however, the decision has gone the other way, we have conceived it not in the best interests of the child to seek to overpersuade a reluctant woman to keep her child.

HOSPITALS

HOSPITALS ADVISORY COMMITTEE

With the passage of the National Health Service Act 1946 the work of this committee developed new reality and purpose. Those who had thought it to be a valuable, and even indispensable preparation for the work of the Group Management Committee were vindicated by events, and its full value to the hospitals of the area may yet be incompletely appreciated. With a single exception its members were appointed subsequently to the Group Management Committee which therefore had a cadre already accustomed to look at the needs of the constituent hospitals as a whole.

The Committee advised about the appointment of a consultant physician for diseases of children to take charge of the departments of paediatrics at both hospitals, appointing a third consultant obstetric and gynaecological surgeon to both hospitals, the organisation of physical medicine in the district and the future design of the diagnostic radiological service.

The Committee accepted a report recommending the appointment of a director of diagnostic radiology to serve both hospitals and the integration of both departments at lower levels. Events moved too quickly for these integrative proposals to be implemented, a matter of regret to those who were convinced of the correctness of the policy which the Committee had endorsed. The appointment of a whole time radiotherapist and part-time physicist, was recommended to conform to the suggestion of the Essex Hospitals Joint Advisory Council reporting on the diagnosis and treatment of cancer.

ESSEX HOSPITALS JOINT ADVISORY COUNCIL

This body, formed under the aegis of the Nuffield Trust, approved and published a report on the implications of the Ministry's Hospital survey, embodying proposals which must prove of great value to the

Regional Hospital Board and the various Hospital Management Committees.

A report by the Cancer Sub-Committee making recommendations for the organisation of diagnostic and treatment facilities was accepted by the Council, and as has been indicated above, the Southern Hospitals Advisory Committee made certain proposals based on the report.

SOUTHEND GENERAL HOSPITAL.

The following details are furnished through the courtesy of Mr. John W. Williams, F.H.A., Secretary and House Governor.

There were 250 beds available for use and 5,550 in-patients were treated. The out-patient department was attended by 28,409 new patients, who made a total of 106,266 attendances. The number of major operations was 3,549, an increase of 548 on the previous year.

No work was possible on the adaptation of the Victoria Nursing Home, acquired in 1946 for the reception of maternity patients.

During the year the Leigh Hall College buildings in Chalkwell Avenue and Imperial Avenue were acquired with the object of providing recovery accommodation for 36 patients.

SOUTHEND MUNICIPAL HOSPITAL.

Medical Superintendent's Report.

Formal Opening of the Hospital Extensions

The outstanding event of the year took place on October 16th, when H.R.H. the Duchess of Kent, accompanied by His Worship the Mayor, Alderman S. F. Johnson, J.P., and other distinguished personages, formally opened the new hospital buildings in the presence of a large gathering, including members of the Town Council, the Health Committee, chief officers of the Corporation, distinguished guests and the entire hospital staff. The Duchess of Kent also unveiled memorial plaques to the late Dr. C. Grant Pugh, Medical Officer of Health, and to the late Dr. Frank Newey, the first Medical Superintendent of the Hospital. After the unveiling, Her Royal Highness made a complete tour of the wards and the patients were enchanted by her visit.

The hospital is greatly indebted to the Mayor and the Health Committee, to the Town Clerk, the Medical Officer of Health, the Borough Architect and the other Chief Officers of the Corporation and their staffs, to whose preparations and organization, the success of this memorable day in the hospital annals was largely due.

I. *Accommodation.*

By the end of the year the complement of beds staffed and in use had been increased from 464 to 508. This augmenting of the working bed complement was made possible by a reorganization of the work consequent upon the employment of more male nurses and ward orderlies and the inauguration of a scheme for the employment of part-time nurses.

A better classification of patients was accomplished when, by the opening of Westborough ward (25 beds), female accident cases, previously inconveniently accommodated in Benfleet ward, were transferred there. Having evacuated Benfleet ward, it became possible to allocate it to certain long-stay patients, who were occupying beds in the general wards. At the same time it was possible to devote the whole of the accommodation (110 beds) in the centre block composed of 4 wards on 2 floors e.g., Benfleet, Chalkwell, Rochford and Prittlewell, to long stay cases. A departmental sister was appointed to supervise and co-ordinate the work in this important Block. It now remains for this block to be remodelled and modernized so that a more efficient patient service can be attained, and at the same time provide improved working conditions for the staff concerned.

The total complement of beds provided for general sick, maternity, tuberculosis and mental cases on the 31st December, 1947, excluding bassinets in the Maternity Unit was 508, of which number 455 were occupied. The beds, of which 184 are located in the new buildings, are classified as follows:—

General	...	...	...	...	323
Maternity (excluding cots)	...			...	90
Tuberculosis	...	...	...	...	60
Mental	...	...	...	...	35
Total					508

Although 60 beds have been provided for children in the new Herbert Dowsett block, the diminution in the number of sick children requiring admission to hospital has resulted in the use of part of this accommodation for female adult medical and surgical patients.

Owing to the continued shortage of the appropriate nursing staff the following wards remain unoccupied:—

General

Milton ward ... 30 beds

Mental

Upper floors Rayleigh and Southchurch ... 34 beds

—
64 beds
—

The re-opening of the aforementioned accommodation will become possible as soon as the necessary nursing staff are available. This will not only result in a much desired reduction in the list of patients awaiting admission, but will permit of an even better classification of the patients.

II. *General Work of the Hospital.*

The total number of admissions (including infants born in the hospital) was 7,951 as compared with 7,823 in 1946.

The limited general ward accommodation and the difficulties encountered in disposing of the elderly convalescents, either by returning

them to their homes or transferring them to Connaught House or other hostel accommodation, resulted in an expanding list of patients awaiting admission.

The average weekly admission rate was 152.90, whilst in the previous year the corresponding figure was 151.02, an increase which reflects the rapidity of turnover despite the increasing proportion of elderly patients whose disposal constitutes an ever-present problem in times of housing difficulties, full employment opportunities away from home and over-crowded institutional accommodation.

The average daily number of beds occupied during the year was 519.89, the figure for the previous year being 509. The maximum number of beds occupied on any one day during the year was 564 on May 2nd, the total complement then being 488. The minimum number of beds occupied was 445 on the 10th August, the total bed complement then being 491.

III. *Maternity Department.*

The number of maternity cases admitted for treatment during the year was 2,273, compared with 2,251 in the previous year.

The number of women confined in the hospital during the year was 2,005, the corresponding figure for 1946 being 1,839, an increase of 166, or 9.03%.

The number of live births during the year was 1,983, of which 1,677 were wholly breast fed on leaving hospital, e.g. 84.7%. 50 Caesarean sections were performed during 1947 with one maternal death.

The highest number of maternity patients and their infants accommodated on any one day was 104 mothers and 91 infants (195) on the 2nd May, 1947. As many as 13 deliveries in 24 hours took place on a number of occasions during the year. From these figures, it will be appreciated that the staff, both trained and in training, whether in the delivery rooms, the lying-in wards or the nurseries, worked under great pressure for very long periods during the year.

The average days stay of all mothers in the lying-in period was 12.5 days. The unprecedented influx of maternity patients necessitated the opening on April 3rd of the west half of Milton ward as a temporary measure for the accommodation of overflow maternity cases, thus increasing the complement of beds from 90 to 102. On May 2nd, there were actually 104 mothers and 91 infants accommodated in the temporarily expanded Maternity Unit. On November 13th, the accommodation for maternity cases reverted to the normal complement of 90 beds in East 1, East 2 and Thorpe Wards.

An emergency flying squad based on this hospital and directed by Mrs. Flora Bridge, Consultant Obstetric and Gynaecological Surgeon, was organised and made 7 calls during the year. The foundation was laid for a life-saving service to the parturient mothers in the Borough of Southend-on-Sea whose condition is such as to preclude them from being moved from their homes to hospital until resuscitative and other methods have been applied. In all 7 cases, severe hæmorrhage was the reason for summoning the flying squad.

V. Statistical Tables and Analyses.

Remaining in Hospital on 31st March, 1946 ...	488
Admitted	7,951
Born alive in Hospital	1,983
Discharged	7,085
Died	804
Patients treated to a conclusion during the year	7,485
Remaining in Hospital on 31st December, 1947	514

Classification of patients treated to a conclusion:—

Children under 16	2,353
Men	1,255
Women	3,877
<hr/>	
Total ...	7,485
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An analysis of the hospital mortality return for 1947 reveals the fact that excluding infants under 10 days old, there is a progressive increase in the number of deaths, especially in the ages over 60, whilst the number of deaths in those whose age is in excess of 59 is more than 10 times that of the 50-59 group. 74% of the total number of deaths during the year are accounted for by cases over the age of 59. There were 16 deaths in the 90-99 age group.

The following figures serve as a reliable index to the amount of investigation and treatment carried out at the hospital during 1947 and are compared with the corresponding figures in 1946:—

	1947	1946
Total number of operations performed in the Operating Theatre	1,938	1,803
Total number of X-Ray examinations ...	13,621	11,267
Films taken	8,833	—
Screenings	4,788	—
Special Investigations ...	449	—
Total number of all forms of Physio-therapeutic treatment given	10,070	13,098
Total number of Electro-cardiographic examinations	47	57
Total number of Serological Investigations (W.R.'s, G.F.T.'s etc.)	11,666	5,572
Total number of patients suffering from Cancer admitted for treatment	232	199
Total number of patients engaged in Occupational therapy	755	745
Total number of Blood Transfusions ...	501	312
Total number of Post-mortem examinations	311	197

Averages for the year:

Beds—Daily complement	...	...	...	492	464
Beds—Average daily number occupied	...	...	...	519.89	509
Average daily percentage of available beds occupied	...	...	...	105.7	109
Admissions—Average daily number	...	...	...	21.8	21
Stay—Average length in days per patient	...	...	...	23.5	23
Maximum number of beds occupied (on 2nd May, 1947)	...	...	...	564	524
					(27.3.4)
Minimum number of beds occupied (on 10th August, 1947)	...	...	...	445	389
					(16.10.4)

V. Other Departments

An exhibition and demonstration of handicrafts by patients working under the guidance of occupational therapists took place in the visitors' waiting hall on December 10th. The exhibition evoked much commendation of the patients' work and was voted a great success.

A sound film projector, complete with screen and amplifier and accessories was purchased for the hospital and has been a source of entertainment and education for both patients and staff, its use being limited only by the availability of suitable films.

VI. Staff.

1. Mrs. F. Bridge, F.R.C.S., who was previously resident obstetric officer was appointed part-time consulting obstetrician and gynaecologist in October 1947.

2. Dr. R. H. Dobbs, M.D., F.R.C.P., was appointed consulting paediatrician and began his twice weekly attendances at the hospital on April 3rd.

3. Miss E. Whapham, F.R.C.S., M.R.C.O.G., was appointed consulting gynaecologist and commenced her weekly sessions at the hospital on June 9th.

4. Dr. H. F. Turney, M.D., consultant in physical medicine commenced his weekly attendances on July 18th.

5. Dr. White Phillips, M.D., D.M.R.E., consultant radiologist resigned his appointment in December on health grounds and arrangements were made for Dr. P. Tettmar to act as visiting radiologist.

6. Dr. Arthur Burrows, M.D., paid his last visit as consulting dermatologist to the hospital on September 24th, and arrangements were made for Dr. M. Deville to act on a sessional basis.

7. Dr. R. V. Dent, M.B., M.R.C.P., succeeded Dr. W. Fine as resident physician and deputy medical superintendent on July 8th.

8. The additional post of resident anaesthetist having been created Dr. T. C. Thorne, M.R.C.S., L.R.C.P., D.A., was so appointed and commenced duty on July 9th.

9. Miss Una Lister, M.B., B.S., M.R.C.O.G., was selected to succeed Mrs. F. Bridge as resident obstetric officer and commenced duty on November 17th.

II. *Furniture.*

Sanction was given for the purchase of certain items of furniture with which it has been intended to equip the new hospital buildings on their completion, but had been postponed until after the war. Just before the end of the year deliveries had been made, such furniture including tables, overbed tables, nesting, arm and Lloyd loom chairs, instrument and dressing trolleys and Sorbo mattresses. The capital expenditure incurred was covered by loan from the Ministry of Health.

III. *Pathological Department.*

I am again indebted to Dr. J. O. Oliver for the following report:—

The year was one of considerable progress and the work of the laboratory expanded rapidly.

A portion of the tuberculosis clinic waiting room was partitioned off to form a small laboratory store room. A laboratory office was also provided.

A comparison of the work done in 1947 with that of 1946 shows an overall increase of some 100%. Much of this is accounted for by the general laboratory work for the hospital, which was to be expected on the opening of a new department. There was, however, a great increase in the serological and autopsy work. During the year the amount of work sent out to other laboratories diminished considerably, showing a decrease from 400 units in January to 100 in December.

The following is a Statistical Return for the year, with 1946 comparisons:—

	1947	1946
(a) General laboratory work, including hæmatology, histology, bacteriology and biochemistry	89,778	49,008
(b) Serological investigations (W.R's, G.F.T's, etc.)	11,666	5,572
(c) Morbid anatomy	6,340	920
(d) Total unit values	107,784	55,500

SAMUEL CIEMEN.

Medical Superintendent.

POUTHEND-ON-SEA ISOLATION HOSPITAL.

Medical Superintendent's Report.

General.

1. No major epidemic occurred during the year, and the hospital was able to cope with its commitment without strain.

2. It was decided during the year that Osborne Block should be utilised for selected cases of tuberculosis which could not be accom-

modated in the S. F. Johnson Block at the Southend Municipal Hospital, and the first of these cases was admitted towards the end of the year.

3. The winter months of the year were of exceptional coldness. Ward temperatures were with difficulty maintained at 45°F. It was noted with interest that neither patients in bed nor the acclimated nursing staff seemed to complain of the cold, and the low temperatures seemed to have a good effect in minimising upper respiratory tract infections.

Staff.

1. Clinical charge of tuberculosis patients in Osborne Ward was taken over by Dr. R. A. N. McMath, tuberculosis officer, who visited on one half day each week.

2. The consultant staff of the Municipal Hospital paid 12 visits during the year at the request of the medical superintendent.

3. A numerically sufficient nursing staff was only maintained by adopting a policy of employment of part-time nurses. No difficulty was met in obtaining sufficient domestic staff.

4. I would like to record my appreciation of the work of the ward staff in dealing with anterior poliomyelitis cases. I feel they succeeded in producing in the patients the right mental attitude of acceptance, hope and endeavour which was most likely to facilitate their recovery. A pregnant woman with respiratory paralysis, I feel, owes her life to the encouragement of our nurses.

I would like also to record my appreciation of the work of the porter, Mr. Barnard when, during the latter part of the year, owing to illness of the assistant porter he had to carry on single-handed for many weeks although both feeling and showing signs of physical strain.

5. No case of notifiable infectious disease occurred in the staff and general health was on the whole good.

Of a total of 13 resident staff only 2 were off work at all through sickness—one losing 70 days due to appendicitis and another 46 days due to “nervous debility.” This gives an annual loss of 9 working days per head on average.

Accommodation, Works, Services, etc.

1. In preparing Osborne Ward for tuberculosis cases considerable work was necessary. Two additional lavatories and wash basins were installed for patients as well as two oral toilet basins. The ward was completely redecorated, services overhauled and extension table fitted to bed-side lockers.

2. A wireless set was supplied for each of the three wards in the hospital. The one in Osborne Ward was fitted with a loud-speaker extension.

CLINICAL STATISTICS.

A main statistical table and a table showing the annual trend of admissions are given below:—

MAIN STATISTICAL TABLE

Disease	Re- maining 31.12.46	Ad- mitted	Dis- charged	Deaths	Re- maining 31.12.47	Average days stay of discharg- ed cases
Scarlet Fever	10	123	114	—	19	24
Dysentery and diarrhoea	4	14	17	1	—	15
Measles	—	46	45	1	—	19
Whooping cough ..	—	10	10	—	—	23
Diphtheria	—	1	—	—	1	—
Enteric group	1	—	1	—	—	72
Chicken pox	3	11	12	—	2	17
Mumps	—	3	3	—	—	16
Rubella	—	7	7	—	—	14
Cerebro-spinal fever ..	—	9	9	—	—	20
Anterior poliomyelitis	1	25	26	—	—	24
Erysipelas	—	5	5	—	—	15
Influenza	—	3	2	—	1	7
Ophthalmia neonatorum	—	7	7	—	—	8
Tuberculosis	—	8	1	—	7	43
V.D. (treatment) ..	—	9	9	—	—	19
V.D. (lumbar puncture)	—	25	25	—	—	1
Upper respiratory infec- tion group	—	36	35	—	1	11
Chest diseases group ..	—	6	5	1	—	15
Nervous diseases group	—	9	6	3	—	17
Skin diseases group ..	—	8	8	—	—	9
Unclassified	2	16	15	3	—	12
N.A.D.	6	10	15	—	1	15
Total ..	27	391	377	9	32	

TABLE SHOWING ANNUAL TREND OF ADMISSIONS

Disease	1943	1944	1945	1946	1947
Scarlet Fever	240	146	166	108	123
Diphtheria	16	6	11	12	1
Measles	40	2	56	26	46
Dysentery and diarrhoea group ...	1	102	74	38	14
Upper respiratory infection group	22	19	29	22	36
Skin diseases group	25	15	7	10	8
Venereal diseases (total) ...	2	16	56	29	34
ANNUAL TOTALS ...	425	409	480	336	391

In considering the above two tables little of real significance emerges. The fall in total admissions experienced in 1946 was not maintained. The notifiable infectious diseases show their expected year to year fluctuation.

The admissions for dysentery and diarrhoea have, in recent years, shown a steady fall, but at the time of writing it seems that the admissions in this group for 1948 will not fit into the pattern, and that the decline is purely fortuitous.

CLINICAL NOTES AND COMMENTS ON VARIOUS DISEASES.

Scarlet Fever.

(a) Of 123 cases admitted only three showed serious illness, one late myocarditis, one acute rheumatism and one rheumatic carditis. The last was remaining in hospital at the year end, and subsequently died.

(b) A short series of 12 cases was given a small dosage of penicillin on admission (120,000 - 400,000 units in 24 hours) in an attempt to suppress the streptococcus until the natural defence mechanism of the body had taken effect. This procedure was soon abandoned, as the small dosage penicillin treated cases seemed to do no better than untreated cases, indeed their stay in hospital seemed to be prolonged by a late development of minor sepsis.

The series was judged on the figures shown in the table below.

	TREATMENT ON ADMISSION				
	<i>Serum and Penicillin</i>	<i>Penicillin alone</i>	<i>Serum alone</i>	<i>Sulphona- mide</i>	<i>No speci- fic treatme</i>
Total cases	3	12	28	5	62
Stay in hospital of 30 days or more	—	5	4	—	6
Need for late speci- fic treatment	—	7	6	2	26
Otitis media cases	—	1	1	—	1
Pyrexia over 100°F. after 1st week	—	—	3	—	5

(c) One "return case" was admitted during the year.

(d) Two cases developed a second infection contracted before admission—one infective hepatitis and one chicken pox.

Dysentery and Diarrhoea.

The causal organisms of the 17 discharged cases were Flexner dysentery 1, B.Typhi-murium 1, presumed B. Proteus 2, presumed perforated toxin 2, and unidentified 11.

One death occurred in a child of six months. No causative organism was found and no post-mortem examination made.

Analysis of unidentified cases:—

Infants under 1 year—5 cases, 2 mild and pyrexial, 2 mild and apyrexial, 1 severe and pyrexial ending in death for 3 days from onset.

Toddlers 1 - 3 years—4 cases, all mild and apyrexial.

Adults—3 cases, 2 mild and 1 severe case (The last appears to have been a neglected bacillary dysentery in which sulphaguanidin treatment before admission led to a failure to recover the organism).

Measles.

(a) Of the 45 discharges, 13 had been admitted from home for complication or severity of attack, 8 from general hospital wards or institutions and 14 because of unsatisfactory home conditions.

(b) In addition to the 13 admissions from home for the severity of the attack, 4 cases had been admitted to the Southend General Hospital with symptoms (such as convulsions) which subsequently proved to be solely due to the pre-eruptive stage of measles. This gives a total of 17 cases where admission to hospital was sought on purely medical grounds out of a total of 1,326 cases notified during the year.

(c) Setting aside the 13 cases admitted from home with complications and also those cases occurring in children with some other illness there remained 20 cases of measles in previously healthy children. Of these 20 cases only one showed any complications—otitis media developing in spite of a 4-day course of sulphadiazin given on admission.

(d) The death was that of a newly born infant on the sixth day of its life. The mother had developed a measles rash two days after delivery, the child dying from a broncho-pneumonia.

Whooping-Cough.

Admission here was in all cases on medical grounds. Only ten cases were admitted out of a total of 485 notified cases.

Diphtheria.

In the one case shown the diagnosis was never firmly established. Clinically the case was one of mild faucial diphtheria in an immunised child. The organism recovered originally was reported as a diphtheria bacillus, but animal inoculation with a mixed culture proved avirulent and a pure culture was never obtained.

Typhoid Fever.

The one case was uncomplicated but is of interest in having a long febrile stage with seven weeks unremittent pyrexia.

Chicken-Pox.

5 of the discharged cases were admitted on account of unsatisfactory home conditions and 5 on account of a pre-existing surgical condition which required hospital treatment.

Mumps, Influenza, Erysipelas, Rubella.

These cases showed nothing of clinical interest.

Ophthalmia Neonatorum.

Only the severe cases were admitted, the remainder being held for treatment in the Out-patient department during the day and returning home each night. Most cases admitted had within about five days reached a stage where they could be discharged for O.P. surveillance. Treatment was by intensive local penicillin irrigation, supplemented in a few cases with intra-muscular penicillin. Numbers were not sufficient for an appreciation of the efficiency of the treatment routine employed. Previous treatment had in many cases modified bacteriological findings and in only two cases was an organism recovered—a staphylococcus.

Cerebro-spinal Fever.

This now appears to be a comparatively mild disease when discovered early. All of the nine discharged cases showed clinical recovery within eight days of starting treatment (sulphadiazin and intra-muscular penicillin).

Anterior poliomyelitis.

1. The series of 25 cases was too small for any firm conclusion to be drawn from a statistical survey, but in general they appeared in age and symptomatology etc., to accord with those in other parts of the country.

2. The cases were retained at the Borough Sanatorium until the end of an arbitrary isolation period of three weeks from admission and then transferred to a general hospital or their own homes. The cases were seen at the Sanatorium by Mr. B. Whitchurch Howell, to whom they were referred on discharge.

3. Treatment in the Sanatorium followed the usually accepted lines, except that from the very onset our object was to impress on the patient that his recovery was largely a matter of his own effort. Treatments such as elaborate splinting, hot packs and purely passive movements were kept to a minimum as making the patient likely to depend on the efforts of others. The patient was from the start encouraged to make systematic voluntary effort even if he could discern no response.

Looking back and comparing these cases with a series in the 1938 epidemic, which was submitted to a very intensive routine of active treatment, splinting, hot baths, passive movement drills, etc., it is felt that the 1947 cases were happier, less troubled with pain, and earlier in showing recovery than the 1938 cases.

It must be admitted that such comparison is not scientific, but the impression is worthy of record, and encourages a policy of concentrating on obtaining the right psychological outlook of acceptance, co-operation, hope and effort from the patient as one of the important aims in treatment of the early as well as the late stages of anterior poliomyelitis. (See also Infectious Diseases Section of this Report).

Venereal Diseases.

1. Admission for treatment consisted of two cases of cardiovascular syphilis, two cases of secondary syphilis in a highly infectious state, one of interstitial keratitis, one of Bartholin's abscess complicating pregnancy, a gonococcal prostatitis admitted for fever therapy, a gonococcal synovitis and one case of Reiter's syndrome.

2. The case of Reiter's syndrome was admitted for investigation of a non-specific urethritis of two months duration which had developed heavy haematuria. After four days in hospital he developed a conjunctivitis and five days later an arthritis of the shoulder. This suggested the diagnosis, and two small doses of N.A.B. were given. Within a week the whole thing had cleared up completely.

Tuberculosis.

These cases were admitted late in the year, and no comment could be made at the year's end as to the effects of their admission on themselves or the hospital.

Other Diseases.

(a) Deaths were in cases of broncho-pneumonia, agranulocytosis, sub-arachnoid hæmorrhage, tuberculous meningitis, cerebellar hæmorrhage (one each) and staphylococcal septicæmia (two).

(b) Breakdown according to diagnosis of cases discharged or died as follows:—

Upper respiratory tract infections:

Tonsillitis	15	Maxillary sinusitis	1
Rhinitis	1	Laryngitis	4
Ear infections	4	Pharyngitis	1
Cervical adenitis	1	Parotitis	1
Vincent's Angina	3	Diphtheroid infections	3
Stomatitis	1		

Chest diseases group:

Broncho-pneumonia	3	Primary atypical pneumonia	1
Bronchitis	2		

Nervous diseases group:

Tuberculous meningitis	1	Staphylococcal meningitis	1
Virus meningitis	2	Cerebral thrombosis	1
Cerebellar hæmorrhage	1	Sub-arachnoid hæmorrhage	1
Epilepsy	1	Hysterical paraplegia	1

Skin diseases group:

Impetigo	2	Scabies	1
Allergic dermatitis	1	Urticaria	3
Sulphonamide rash	1		

Unclassified group:

Staphylococcal septicæmia	3	Agranulocytosis	1
Uræmia	1	Diabetic Coma	1
Appendicitis	2	Arthritis of hip	1
Colitis	2	Dietetic diarrhœa	3
Parenteral diarrhœa	1	P.U.O.	1
Congenital pyloric stenosis	1	Puerperal fever	1

N.A.D. cases:

Of the 15 cases discharged, 11 were admitted for the maintenance of breast feeding, 1 as a suspected case of anterior poliomyelitis, 2 as suspected cases of scarlet fever, and 1 as a suspected infective enteritis.

E. H. TOMLIN,

Medical Superintendent.

SUPPLY OF INSULIN.

During the year insulin was supplied at the Southend General Hospital on behalf of the Corporation to 17 patients at a total cost £91 1s. 8d., towards which the patients contributed £7 12s. 11d., a net cost to the Corporation of £83 8s. 9d. In addition insulin was supplied by the King's College Hospital, London, for two Southend patients during the year at a total cost of £4 6s. 9d. The arrangements continued to work satisfactorily.

MIDWIFERY SERVICE.

Notices of intention to practise were received from 26 midwives including 13 whole-time municipal domiciliary midwives. Of 13 private midwives, only 6 practised as such. Non-municipal midwives attended 31 patients as midwives and 398 as maternity nurses.

No cases of serious infringement of the Rules of the C.M.B. came to notice.

Payment for Medical Aid for Midwives.

Medical aid was summoned on 161 occasions, or in 22.6 per cent. of cases attended by midwives, a rise of 5% on last year. A total of £176 6s. 6d. was paid to medical practitioners, of which £125 0s. 6d. was refunded by patients.

MUNICIPAL MIDWIVES.

The total of fees paid for services of municipal midwives was £2,460 4s. 0d. and £36 7s. 6d. was written off as irrecoverable. No charge was made in 21 cases and attendance in eight cases was authorised at reduced fees.

The number of cases attended by them were:—

	Cases attended as Midwives		Cases attended as Maternity Nurses	
	Labours	Miscarriages	Labours	Miscarriages
Cases booked by Municipal Midwives and delivered by them	666	3	215	1
Cases where no ar- rangement for con- finement had been made and Municipal Midwives were sum- moned in an emer- gency	13	—	7	—
Totals	679	3	222	1

Number of visits paid: ante-natal 7,000, morning nursings 11,931, evening nursings 2,861, total 21,800.

Maternal Mortality.

The Registrar General's returns show two maternal deaths, particulars of which are given below, so that the maternal mortality rate for the year is .61 per thousand as compared with 0.68 in the previous year. For the second year in succession there was no loss of life from sepsis.

1. Multipara—aged 36 years, third pregnancy, ante-natal care from private practitioner till routine referral to Council's Clinic at 36th week. There was gross oedema of one leg which patient stated had been present from infancy. Urine normal, B.P. 140/90, advised rest in bed and low protein intake. A week later the oedema had increased, B.P. 160/90—admitted to hospital same day. Caesarean section was performed because gross oedema constituted mechanical bar to normal delivery. Hæmorrhage was troublesome from scar tissue of previous Caesarean section. Death four hours later from (1) Toxæmia of pregnancy; (2) Hæmorrhage from uterus.

2. Multipara aged 33, second pregnancy, attended clinic 22nd week of pregnancy, varicose veins of left thigh. Pain in left thigh 31st week, thrombo phlebitis of left internal saphenous, treated successfully at home by own Doctor. Allowed to sit out of bed after 17 days, developed fatal pulmonary embolism.

There was also the death of a woman aged 34, in fourth month of pregnancy. Had regular ante-natal care by private doctor, developed signs of threatened abortion, complained of bad headache—passed into fit and died within few minutes. Post mortem—"kidney disease of fairly recent origin causing initial stages of abortion."

	No.	Rate per 1000 Births (Live and Still)
Deaths from puerperal and post-abortum sepsis	—	—
Other maternal causes	2	0.61
		<hr/> 0.61

Comparative rates per 1000 Births (Live and Still) for previous 10 years:—

YEAR	From Sepsis	RATE Other Causes	Total
1946	—	.68	.68
1945	0.95	0.95	1.90
1944	—	1.09	1.09
1943	0.75	2.99	3.74
1942	1.69	3.38	5.07
1941	2.10	5.21	7.31
1940	1.94	1.94	3.88
1939	—	1.25	1.25
1938	—	2.56	2.56
1937	0.62	3.74	4.36
1936	—	1.18	1.18

PUERPERAL PYREXIA

There were eight notifications of puerperal pyrexia; four patients were transferred to the Southend Municipal Hospital.

SUPPLY OF SHEETS TO EXPECTANT MOTHERS.

The arrangements under Ministry of Health Circular 154/44 were continued during the year and on the certificates of state certified midwives priority dockets for 1,945 sheets were issued to 662 mothers who arranged for their confinements to take place at their homes.

UNMARRIED MOTHERS.

The work of the St. Monica Diocesan Shelter was continued in full co-operation and consultation with the officers of this department. During the financial year 1947/8 the Council made a grant of £65 and maintenance payments amounting to £281 15s. 4d.

Accommodation for unmarried mothers was provided at the expense of the Council in the following Homes:—

" St. Monica " Diocesan Shelter	...	...	...	18
Diocesan Maternity Home, Coggeshall	...	...	...	3

INTEGRATION OF MATERNITY SERVICES.

This is a convenient point from which to review the development of the maternity services during the last five years, the more particularly because in August a new appointment of specialist obstetric surgeon to the maternity services, and obstetric adviser to the Medical Officer of Health, was made.

In the " Report of the National Maternity Service " 1944 of the Royal College of Obstetricians and Gynæcologists there is a table of the highest and lowest average rates of maternal mortality for the four years 1939-1942. In this, Southend-on-Sea had the unenviable distinction with Oldham of occupying the top place in the " highest " section with an average mortality of 4.2 per 1,000.

It is not accepted that the rate was due to deficiencies in the maternity services (some of these deaths occurred away from Southend) nor is it to be assumed that to the improvements now mentioned is due the credit for the reduction of the maternal mortality rate per 1,000 to 0.68 and 0.61 in 1946 and 1947.

Nevertheless, the developments are worthy of note. The separation between the hospital maternity services and the Council's ante-natal clinics was bridged, first by the introduction of the resident obstetric officer, and later all the obstetric medical staff of the hospital, into the clinics. Then the resident obstetric officer became the medical supervisor of the midwives, and gradually there was a natural growth of confidence, liaison and mutual understanding.

The new 64 maternity bed unit at the Municipal Hospital, Rochford, completed in 1940, was brought into use gradually as the war situation allowed, and the standard of staffing was raised when it was recognised as a training school for the Part I Certificate of the Central Midwife Board.

The only remaining serious deficiency lay in the absence from the area of any resident obstetric specialist, a matter which had given the local medical profession, the Council and the Hospital Advisory Committee considerable concern. In 1946 Miss Eileen M. Whapham, R.C.S., M.R.C.O.G., was appointed consultant gynaecological surgeon to the Southend General Hospital, and later to the Southend Municipal Hospital. It was then agreed between the Corporation and the Board of Management that there should also be appointed a part-time obstetric and gynaecological surgeon to the Municipal Hospital and the maternity services generally, the holder of which post would be eligible for appointment to the full consultant staff of the Southend General Hospital.

We could now command the services of two resident obstetric specialists, and lost no time in completing arrangements for consultation of difficult cases of domiciliary midwifery. The following extracts from a circular to general practitioners describe the arrangements quite adequately:—

“Any general practitioner attending upon any woman in Southend may arrange direct for the consultant selected by him, to see his patient and where no private arrangement is made with the patient, the Corporation will pay the consultant's fee of £5 5s. 0d. In addition, the consultants will be able to call upon the resources of the maternity unit, so that any life-saving procedures which must be carried out in the patient's home can be performed under good conditions.

“The two consultants participating in this scheme, which applies to any woman confined in the area of the County Borough, are Mrs. Flora Bridge, F.R.C.S., and Miss Eileen M. Whapham, F.R.C.S., M.R.C.O.G.

“The arrangements are limited to obstetrical emergencies, that is say, a condition which, arising between the onset of the first stage of labour and 14 days after delivery, requires, in the opinion of the practitioner in attendance, the services of an obstetric consultant.

“Where it is desirable that these arrangements should apply in respect of any consultation, the consultant will render an account to the Corporation, and the latter is at liberty to recover the fee, or any portion of it, from the patient, as they may deem equitable. As far as the general practitioner is concerned, it is only necessary for him to arrange with the consultant to attend, and to explain the arrangements to the patient or her husband.

“The services of a ‘flying squad’ will be available to the consultants, irrespective of whether they are dealing with a patient under this scheme or under private arrangements, and no charge will be made for the service.”

The scheme was welcomed by the practitioners, and in the last three months of the year it was used on three occasions. Almost certainly one patient at least owes her life to prompt specialist attention, backed by the resources of the “flying squad.”

This experience surely bears out the judgment of my predecessor, who reported in 1937 that no use had been made of the arrangements whereby the services of certain practitioners specially experienced in

obstetrics, could be made available in an emergency, (incidentally, no use was ever made of these arrangements during the ten years when they were available). He then went on to say: "Consideration of the circumstances of recent maternal deaths only tends to confirm the view expressed in previous reports, that no improvement in the maternal mortality figures for this Borough can be looked for until Specialized advice is available at all times, both by day and by night."

NURSING HOMES.

5 new nursing homes were registered during 1947.

Number of Homes		No. of Beds provided for:		
		<i>Maternity</i>	<i>Other</i>	<i>Total</i>
Homes first registered during year	5	4	30	34
Homes on register at end of year:—				
Belvedere		—	2	2
11, Albion Road ...		—	2	2
Hayesleigh		4	—	4
Highcliff		—	10	10
Highlands		3	—	3
Leigh		—	10	10
47, Crowstone Road		—	2	2
Meteor		12	—	12
71, Wimborne Road		—	16	16
	9	19	42	61

The number of inspections made during the year was 9.

WORK OF HEALTH VISITORS.

No. of infants noted for visiting (including new arrivals from other towns)	3,17
„ infants visited for the first time	3,07
„ infants visited	3,89
„ visits to infants under one year	10,27
„ children visited between 1 to 5 years	6,37
„ visits to children between 1 year and 5 years of age ...	11,77
„ expectant mothers visited for first time	2,00
„ expectant mothers visited	2,07
„ visits to expectant mothers	3,16

The number of visits showed the following increases on the previous year:—

No. of infants noted for visiting	15
„ infants visited for the first time	34
„ infants visited	26
„ visits to infants under one year	1,80
„ children visited between 1 year and 5 years of age ...	2,44
„ expectant mothers visited for first time	5
„ expectant mothers visited	1

There was an establishment of 11 Health Visitors and School Nurses at the end of the year, equal to 5.5 Health Visitors. As was shown last year, the staff is numerically the same as was employed in 1938, when the Health Visitors visited 2,248 infants, as compared with 3,895 in 1947, making 10,274 visits to them, as compared with 5,384 in 1938.

The phenomenal total of 3,199 births which occurred during the year increased the demands made on the Health Visiting staff to a greater extent than ever before, and the achievement of the Health Visitors is even more noteworthy because, during the same year the total number of visits to children between the age of 1 and 5 years was increased by 2,441 to a total of 11,779.

INFANT MORTALITY.

Analysis of the weekly returns shows that 100 infants died in the first year of their life. The figure received from the Registrar General was 99 and this has been used in the calculation of the rate of 31.57 per 1,000. The rate for illegitimate births was 49.45 as compared with 30.49 for legitimate infants. The number of still-births was 59, being 4 less than the previous year when there were 317 fewer total births.

Infant deaths classified according to age were as follows:—

First week of life	...	...	...	...	...	62
Weeks 2-4 (inclusive)	...	...	...	...	...	8
Months 1-3	...	...	...	...	...	16
„ 3-6	...	...	...	...	...	9
„ 6-9	...	...	...	...	...	3
„ 9-12	...	...	...	...	...	2

There are no significant differences between the actual deaths at various ages and the expected deaths as calculated on last year's experience; thus it is legitimate to infer that there have been no material alterations in the factors which contribute to our infant mortality during the year under review.

The causes of death were:—

Prematurity	...	...	...	...	24
Congenital defects	...	...	...	...	17
Atelectasis	...	...	...	...	6
Birth injury	...	...	...	...	6
Inattention at birth	...	...	...	...	1
Blood conditions	...	...	...	...	2
Pneumonia	...	...	...	...	26
Post operative	...	...	...	...	1
Miliary tuberculosis	...	...	...	...	1
Meningitis (tuberculous)	...	...	...	...	1
Gastroenteritis, etc.	...	...	...	...	5
Infective conditions	...	...	...	...	2
Convulsions	...	...	...	...	1
Marasmus	...	...	...	...	2
Kidney tumour	...	...	...	...	1
Intestinal obstruction—pyloric stenosis	...	...	...	...	1
Misadventure—inhalation of food	...	...	...	...	2
Congested heart	...	...	...	...	1

INFANT LIFE PROTECTION.

No. on Register on December 31st, 1947:—

Foster Mothers	4
Foster Children	5
No. of Reception Notices received	7
„ Notices of Death	—
„ Notices of Removal of Children	6
„ Notices re removal of Foster Mothers:—	
(a) To other addresses inside the Borough	—
(b) To other addresses outside the Borough	—
„ visits paid by Health Visitors	45

Boarded-out Children. Public Assistance (Boarding Out) Order, 1946

No. of foster mothers on December 31st, 1947	1
„ children	1
„ visits paid by Health Visitors	14
„ of deaths of Foster Children	—

GUARANTEED PAYMENTS TO FOSTER MOTHERS.

Three children were boarded out under the scheme during the year two of these commenced under the scheme during 1947, the other in 1946.

SANITARY CIRCUMSTANCES OF THE AREA

Water.

The water supply was described in detail in the report for 1944. The supply is satisfactory in quantity and quality; with the exception of a few houses still served by shallow wells it is completely piped and has no plumbo solvent action. The chemical and bacteriological characteristics remain unchanged and all public supplies are chlorinated.

SANITARY INSPECTION OF THE BOROUGH.

Mr. R. A. Drake, B.E.M., M.R.S.I., Chief Sanitary Inspector, has furnished me the following report:—

COMPLAINTS AND VISITS BY INSPECTORS.

During the year 3,387 complaints were received and investigated; 6,638 visits were made as under.

	<i>Complaints</i>	<i>Visits</i>
General housing defects	2,389	9,743
Blocked drainage systems	392	951
Defective drainage systems	385	1,814
Absence of or defective dustbins	90	240
Dirty conditions of houses or rooms	86	623
Animals improperly kept	59	221
Overcrowded and unsatisfactory housing conditions	392	1,036
Insect pests	99	241
Fly nuisances	12	48
Deposits of refuse on vacant land and back passages etc.	156	702
Caravans	12	53
Sanitary conveniences in factory	13	189
Smoke nuisances	34	210
Miscellaneous	78	567

The number of complaints received during the year showed an increase of 170 over last year's figures and was 200% higher than in 1938. It must be expected that the number of complaints received by the department will continue to grow until supplies of building materials and fittings become more readily available.

Follow-up work has been more effectively carried out and as a result of 15,035 re-inspections, 1,890 sanitary notices were complied with as compared with 1,025 the previous year. The co-operation of the Borough Engineer's Department in the prompt issue of building licences, has in the majority of cases, ensured the completion of works with the minimum of delay.

ABATEMENT OF NUISANCES.

Number of premises where nuisances were found to exist 2,72
Abated—

after service of informal notices	1,803
after service of statutory notices	87
without notice	472
	— 2,36
Outstanding on 31st December, 1947, but being dealt with	36

Proceedings were instituted in 10 cases in which the owners had failed to comply with the requirements of the statutory notices. In all the cases the Court made nuisance orders, and in two instances where these were not complied with, the Corporation did the work and recovered the cost.

HOUSING.

(a) *Unfit Houses.*

The eight houses scheduled in 1939 as requiring action to ensure demolition are still occupied, the condition of these and some other properties is deteriorating rapidly, and in spite of the need to keep these houses in use until the present housing shortage is less acute, it is likely that they will have to be dealt with before long.

(b) *Repair to Houses.*

The department's policy of requiring only essential repairs to properties has resulted in action being taken under the Public Health Act only, and no notices were served under the Housing Act. The co-operation of most property owners was obtained because they appreciate they were only being called upon to execute essential work of repair, and the majority of tenants accepted this as being reasonable. In spite of this, however, the time spent on housing matters and the visits made by the inspectors reached records, so much so that at certain periods it became difficult to maintain proper supervision of the other work of the sanitary inspectors.

(c) *Overcrowding.*

The number of complaints received from families who alleged that they were living under overcrowded conditions was 392 as compared with 307 in 1946. Investigation of these cases revealed that many young couples are compelled to rear their children in sub-let rooms under conditions which are conducive neither mentally nor physically to good health; the needs of these families cannot be over-emphasised.

(d) *Service Department Camps.*

The hutments sited on two unoccupied army camps which were taken over last year by squatters for housing purposes, continue to be used. The improvements carried out by the Council to the sanitary conveniences, water supplies, etc., were reported last year, but in spite of them, the huts still afforded very sub-standard accommodation especially where the families comprised young children. It is consequently a matter for regret that it continues necessary for these hutments to be retained in use for housing purposes.

FILTHY AND VERMINOUS HOMES.

The number of complaints received under this heading was 86 as compared with 129 last year, 623 visits being made in investigating and following up these cases. The provisions of Sections 83, 84 and 85 of the Public Health Act, 1936, were invoked in 14 cases after informal action had failed to bring about an improvement in the conditions.

Many of the people dealt with by the sanitary inspectors are aged. It is usually found that they have been living alone, and without attention for some considerable time, and it is not until the conditions under which they live become a nuisance to their neighbours that their plight is brought to the notice of the department. In several instances these persons possess independent means, but are unable satisfactorily to manage their affairs. Most display the unreason of old age and persistently refuse all offers of voluntary and official assistance. In spite of this, however, in a majority of cases it has been possible to improve the conditions. The unresponsive attitude of these aged persons tends to dishearten the good neighbour who rightly considers that her time can be better spent.

Experience indicates that a resolute endeavour should be made to care for these people in their own home by providing paid women helpers to maintain the home in a clean condition, attend to their personal needs and undertake any shopping, etc. The helpers would require to possess infinite patience, sympathy and understanding.

The department treated 293 rooms for vermin infestation.

CAMPING SITES

Two camping sites were licensed during the year: both were well maintained and the conditions of the licences closely observed.

The occupier of one camping site has provided a block of sanitary conveniences connected to the Council's sewer. It includes 21 water closets and a urinal, and is a great improvement on the chemical closets previously in use. The employment of male and female attendants has resulted in a high standard of maintenance of all conveniences on this site. The occupier of the other camping site has undertaken to erect a block of sanitary conveniences and make connection to the sewer before next season.

The need for camping sites in the Borough is proved by the fact that both sites were booked to capacity during July and August. Were these sites not available to the public, nuisance and annoyance would be caused by large numbers of persons camping on vacant land in built-up areas where no provision is made for water supplies and sanitary conveniences.

RAT DESTRUCTION

329 complaints were received during the year, in dealing with which 824 visits were made.

PARTICULARS OF:—

(a) Enquiries re—

Notifiable diseases	...	...	...	...	496
Contacts	...	...	...	...	53

(b) Other visits or inspections—

Smoke observations	...	...	...	...	52
Marine store dealers	...	...	...	...	41
Piggeries	...	...	...	...	152
Enquiries made in respect of Pharmacy and Poisons Act	...	...	...	..	103
Registration of hotels, boarding and apartment houses	...	...	...	...	563

INSPECTION AND SUPERVISION OF FOOD.

A. MILK SUPPLY.

The 11 cowsheds situated in the Borough have been maintained in a satisfactory manner throughout the year. Three hundred and fifty-eight inspections were made.

Four of the dairy farmers are licensed by the Council to produce Accredited Milk and one to produce Tuberculin Tested Milk. All the samples of milk obtained from these farms passed the prescribed tests. The milk from these herds is retailed to local dairymen.

Licences were issued by the Council pursuant to the Milk (Special Designations) Regulations, 1936—46 as follows:—

	<i>No. of Premises Licensed</i>			
To produce tuberculin tested milk	1
To produce accredited milk	4
To pasteurise milk	4
To distribute tuberculin tested milk	11
To bottle tuberculin tested milk	1

During the year 274 samples of milk were submitted for bacteriological examination with the following results:—

	<i>No. of samples</i>		<i>Passed</i>		<i>Failed</i>	<i>Remarks on unsatisfactory samples</i>
Pasteurised	...	103	89	14		Milk under-treated due to minor defects in plant.
Heat Treated	...	24	23	1		Milk not being retailed as Heat Treated.
Sterilized	...	42	42	—		—
Tuberculin Tested	...	89	73	16		13 of the samples were of Tuberculin Tested (Certified) Milk and were produced and bottled on farms situated outside the Borough. The remaining samples were of milk produced at farms outside the Borough but bottled at local dairy. The unsatisfactory condition of these samples was due to the inadequate sterilization of bottles.
Accredited	...	16	16	—		
		274	243	31		

30 samples of milk were submitted for biological examination for the presence of tubercle bacilli and all were reported to be negative.

402 inspections of dairies, the plant and equipment used therein were made during the year. Only 5 complaints were received by the department about the delivery to householders of milk in dirty bottles; each case was investigated and the responsible dairymen cautioned.

Proceedings under the Milk (Control & Maximum Prices) (Great Britain) Order, 1946, were instituted for misuse of a milk bottle, a conviction was obtained and a fine of £2 0s. 0d. and £2 2s. 0d. costs imposed.

ICE CREAM.

The number of premises on the register at the end of the year is shown in the following table:—

<i>Type of registration</i>				<i>Number</i>
Manufacturers	...	...	...	19
Vendors	...	...	...	109
Total				128

In addition, 29 applications for the registration of premises for the manufacture, storage and sale of ice cream and 24 for the storage and sale of the commodity were under consideration at the end of the year.

A total of 622 visits to ice cream premises were made during the year.

The Ice Cream (Heat Treatment etc.) Regulations, 1947 became operative on 1st May, 1947. The regulations require that where ice cream is made by means of a hot "mix," the process of manufacture shall be controlled according to the times and temperatures detailed; the effect is to secure the pasteurisation of the "mix." As an alternative, the manufacturers are permitted to use a "complete cold mix powder" prepared by the manufacturers by subjecting the "mix" to the prescribed heat treatment and then exhausting the moisture content; the powder is then supplied in air-tight containers and the ice cream manufacturer is permitted to add only wholesome drinking water, flavouring, etc.

The introduction of the Regulations on the 1st May not being foreseen, local manufacturers were involved in considerable difficulties in compliance. The Ministry found it necessary not to insist for twelve months on the requirements as to the cooling of the mix because of difficulty in obtaining cooling equipment.

During the year 146 samples were submitted to the Public Health Laboratory for bacteriological examination. The manufacturers of all the samples reported as being unsatisfactory were interviewed and the processes, equipment and methods of cleansing and sterilizing employed were carefully investigated and advice given as to the possible causes of the bacterial contamination. These investigations clearly showed that

the trade was in need of, and would welcome, expert instruction in many matters connected with its business. The Southend Education Committee in conjunction with the Ice Cream Alliance Ltd. made arrangements for a course of lectures to be made available to members of the trade and these will begin early next year.

B. MEAT.

Slaughterhouses.

The Ministry of Food's slaughterhouse at which animals intended for human food within the Borough are slaughtered, is situated within the area of an adjoining Urban Authority and the arrangement whereby the Council's five qualified Meat and Food Inspectors assist the Inspector of the Urban Authority in carrying out post mortem inspection of the carcasses, continues to work satisfactorily and ensures that all home killed meat coming into the Borough from this source is subjected, without delay, to an efficient examination before being deposited in the retailers' shops.

Slaughter of Animals Act.

Six applications were received for the renewal of licences to slaughter animals in slaughterhouses, all of which were renewed.

PUBLIC HEALTH (MEAT REGULATIONS).

The following table shows the carcasses inspected and condemned during the year at the Ministry of Food slaughterhouses.

	Cattle excl. Cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed	1324	870	236	3900	486
Number inspected ..	1324	870	236	3900	486
All diseases except tubercu- losis					
Whole carcasses condemned	1	5	—	1	1
Carcasses of which some part or organ was condemned	309	147	—	18	3
Percentage of the number inspected affected with disease other than tuberculosis.	23.4	17.6	—	.48	.82
Tuberculosis only.					
Whole carcasses condemned.	9	25	—	—	1
Carcasses of which some part or organ was con- demned.	141	274	1	—	4
Percentage of the number inspected affected with tuberculosis.	11.3	34.3	.42	—	1.0

C. UNSOUND FOOD

In addition to the carcasses, etc., condemned at the slaughterhouse, the undermentioned foodstuffs were surrendered as being unfit for human consumption during the year:—

Canned goods	...	...	...	...	...	18,229 tins.
Fresh food—						
Vegetables and fruit	...	...	...	...	...	246 lbs.
Fish	...	...	...	...	...	356 stone
Meat	...	...	...	...	...	8,036 lbs.
Miscellaneous	...	...	...	...	...	8,250 lbs.

D. INSPECTION OF FOOD PREMISES.

Although every endeavour has been made to carry out more supervision of food premises it has been difficult to devote sufficient attention to this important matter. A very large number of food premises are brought into use for the summer season only and the five qualified food inspectors available to undertake this supervision in addition to their ordinary work as district sanitary inspectors, cannot provide all the detailed attention required.

The seasonal food trader presents a somewhat difficult problem; the staff are engaged for the season only and consequently the majority are not continuously employed in handling food and utensils. As a result a considerable amount of time has to be devoted each year to instructing these new employees in the essentials of proper hygiene. The employment of casual labour during peak periods also gives rise to concern.

The powers obtained in the Council's Private Bill requiring the registration of food hawkers and their premises will ensure the supervision of premises in which food is stored before sale. These are not now usually known to the department.

Number of visits of inspection made to:—

Restaurants, cafes, etc.	...	...	...	...	789
Butchers' premises	...	...	...	...	491
Provision shops	...	...	...	...	311
Fish shops	...	...	...	...	172
Bakehouses	...	...	...	...	143
Provision warehouses	...	...	...	...	57
Greengrocers	...	...	...	...	31
Other food premises	...	...	...	...	362

E. FOOD AND DRUGS ACT, 1938.

During the year 305 samples were submitted for analysis by the Public Analyst. The samples consisted of:—

<i>Nature of Sample</i>						<i>Number</i>
Milk	...	...	...	...	...	67
Butter	...	...	...	...	...	30
Margarine	...	...	...	...	...	30
Cooking Fat	...	...	...	...	...	23

Lard	...	...	...	...	...	6
Groceries, including	meat	and	fish	pastes,		
tea, etc.	...	...	...	...	...	88
Vinegar	...	...	...	...	...	22
Sausages	...	...	...	...	...	18
Saccharine tablets	...	...	...	...	...	6
Flavouring Essences	...	...	...	...	...	5
Cheese	...	...	...	...	...	4
Sweets	...	...	...	...	...	3
Alcoholic Drinks	...	...	...	...	...	1
Medicines	...	...	...	...	...	1
Apples	...	...	...	...	...	1

305

Of the samples, analysed, 12 were reported to be not genuine, details of which, and the action taken in regard thereto, are as follows:—

Sample No.	Formal or In-formal	Article	Adulteration or other Irregularity	Action taken
8411	F	Non-Brewed Vinegar	5.5% Deficient in Acetic Acid	Cautioned
8477	F	Wood Vinegar	44.5% Deficient in Acetic Acid	Fined £1 and 1 guinea costs
8480	F	Beef Sausages	Meat content 36%, 14% below standard	Fined £2 and 5 guineas costs
8499	F	Beef Sausages	Meat content 43%, 7% below standard	Cautioned
8520	F	Wood Vinegar	4% Deficient in Acetic Acid	Cautioned
8524	I	Cornflour	Consisted of :— Clay 18% Borax 10.5% Cornflour 65.1% Water 6.4%	Sample brought into office by private purchaser. Cautioned. Unable to obtain formal sample
8553	F	Butter	0.6% Excess water	Cautioned
8572	I	Milk	3.53% Added water	Cautioned—formal sample taken
8568	I	Milk	11.17% Added water	See No. 8586
8586	F	Milk	5.65% Added water	Cautioned. Samples procured at a farm, situated outside this Borough showed a possibility that milk was being adulterated prior to delivery to the vendor. The responsible Food and Drugs Act Authority was notified.
8610	F	Sausage Meat.	Contained only 34% Meat	Fined £20 and 5 guineas costs.
8678	F	Milk	7.7% Deficient in fat	Cautioned

Food and Drugs Act, 1938—Section 16.

Proceedings were instituted against a hawker for not displaying his name and address on the utensil from which he was selling toffee apples. He was fined £1 0s. 0d. and ordered to pay one guinea costs.

Knacker's Yard.

An application for a licence to use premises as a Knacker's Yard pursuant to Section 57 of the Food and Drugs Act, 1938 was granted. The premises had originally been used as a private licensed slaughter-house and was eminently suitable for the new purpose.

They were brought into use on the 1st October and by the end of the year 32 horses and 94 cows had been slaughtered therein. 127 visits of inspection were made.

Factories Act 1937.

Revision of the register of factories, required to be kept by the Council in accordance with Section 8 (3) was begun during the year but owing to pressure of other work it had not been possible to complete the review by the end of the year.

Inspections were carried out and defects and contraventions of the Act noted. The attention of the occupiers was drawn to these, in the majority of instances, at consultations on the premises, and many defects or contraventions were remedied without the service of written notice.

The particulars required by Section 128 (3) as requested by the Ministry of Labour & National Service are shown in the following tables.

Inspections.

<i>Premises</i>	<i>Number on Register</i>	<i>Number of Inspections</i>	<i>Number of Notices served</i>
(a) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by the local authority	43	28	—
(b) Factories not included in (a) to which Section 7 applies	554	471	13
(c) Other premises in which Section 7 is enforced by the local authority (excluding out-workers premises) ...	21	4	—
Total ...	618	503	13

Defects Found.

<i>Particulars</i>	<i>Number of cases in which defects were found</i>	
	<i>Found</i>	<i>Remedied</i>
Want of Cleanliness	1	1
Inadequate ventilation	1	1
Sanitary conveniences—		
(a) Insufficient	8	7
(b) Unsuitable or defective ...	3	2
Total	13	11

3. *Outworkers.*

Lists received from Employers and other Authorities.

<i>Nature of work</i>	<i>Lists</i>	<i>Workmen</i>
Wearing apparel	36	229
Brushes	1	2
Bootmaker	1	1
Christmas Crackers	1	1
Lamp shades	1	1
	<hr/> 40	<hr/> 234

Shops Act, 1912-1936.

During the year 497 visits of inspection have been made under the Acts. These include inspections on Sundays under the Shops (Sunday Trading Restrictions), Act, 1936. The steps taken to deal with the problem, which included visits in every part of the Borough, are felt to have been effective in securing a more general compliance with the law. It was found that a great deal of confusion existed amongst shopkeepers in regard to the Sunday Trading Restrictions Act, and very few of them had ascertained how it affected their particular business.

In the course of inspections under the Acts, 78 verbal warnings were given for various infringements.

F.—PUBLIC MORTUARY.

During the year 196 bodies were received in the public mortuary and 134 autopsies were conducted there.

G. DISEASES OF ANIMALS ACTS.

The chief sanitary inspector acts as the inspector of the local authority under the Diseases of Animals Acts.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture and Fisheries. There is, additionally, certain local administration of the numerous Acts, Orders and Regulations.

Foot and Mouth Disease.

An outbreak of foot and mouth disease occurred on a farm in the Borough, the affected herd comprised 65 store cattle. The disease was confirmed in 14 cattle, these were slaughtered and the carcasses destroyed, the remaining 51 beasts were slaughtered on the farm and the carcasses released for human consumption.

INFORMATION SUPPLIED BY METEOROLOGICAL OBSERVER.

Total sunshine for year	...	1,834.2 hours
Sunniest day ... ..	...	14.6 hours on June 12th.
Total rainfall for year	...	17.69 inches
Wettest day of year ...	...	.77 inches on June 28th.
Temperature ... ..	...	Max. 88° on June 3rd and July 26th. Minimum 17° on January 29th and February 24th.

R. A. DRAKE,

Chief Sanitary Inspector.

SOUTHEND-ON-SEA CORPORATION ACT, 1947.

To the other pre-occupations of the year was added the interest of making suggestions for private legislation, and of taking a part in the various procedures which have to be followed before a Bill is enacted.

The Corporation sought and obtained extensive powers to deal with the houseboats in the Leigh Creek, the Act making it unlawful without the written consent of the Corporation "to moor, place, keep or maintain upon any protected lands or in or upon any water over any protected lands, any houseboat whether or not the same shall have been so moored or placed before the passing of this Act," and providing suitable procedure by which the removal of existing houseboats and their ancillary structures could be effected.

By Section 110 the Corporation obtained powers to prohibit or restrict the erection of dwelling houses on land liable to flooding, or which would, by reason of the nature of the sub-soil, involve danger or injury to health; and by Section 111 additional powers were obtained by which owners of working-class houses could be required to keep the interior surfaces of the walls thereof satisfactorily papered or distempered with a washable distemper of a suitable quality.

Section 112 provided powers to require means of access to buildings let in flats or tenement dwellings for the removal of refuse. This innovation was made necessary by the growing practice of converting terrace houses into two self-contained flats without due regard to the convenience of the occupiers of the upper floor.

Section 113 gave powers to the surveyor, medical officer of health and sanitary inspectors in regard to the inspection of buildings or works in course of construction or repair; section 114 contained powers to control tents, vans, sheds and similar structures used for human habitation, placed on any square, court, alley or passage to which the public have access; section 115 provided powers to deal with neglected sites of demolished buildings and to require the removal therefrom of material and rubbish.

Section 122 provided powers whereby the Corporation could require repairs to defective drains within a period of 48 hours after serving notice on the owner or occupier, and in cases of default, to undertake the work and recover the cost thereof.

Section 123 gave further powers to examine and test drains believed to be defective and section 124 to undertake works of repair (not exceeding a cost of £50) to drains and private sewers, and to recover. Section 125 provided powers to cleanse gullies, sinks, etc. and to recover the cost.

Section 127 extended the definitions of "notifiable diseases" so as to include dysentery, acute poliomyelitis, encephalitis lethargica, whooping cough, measles and cerebro-spinal fever, and further sections

made provisions in respect of obtaining information about notifiable infectious diseases, restricting attendances at schools and places of assembly, closure of schools and exclusion of children from entertainments, the payment of compensation to persons ceasing employment to prevent the spread of disease, and entry into premises in case of notifiable diseases.

Section 134 gave powers to remove infirm and diseased persons in certain cases where they are incapable adequately of caring for themselves and are a source of serious nuisance or danger to the health of others.

Section 135 provided additional powers for the cleansing of filthy or verminous premises and Section 136, prohibiting the sale of verminous articles, was obtained because of the increased demand for second-hand furniture and furnishings.

Section 137 requires for the provision of sanitary conveniences for workmen.

Section 138 empowered the Corporation to require in certain cases the provision of sanitary conveniences at car parks and represented a new development in legislation.

Section 139 contained provisions in regard to the discontinuance of offensive trades, Sections 140 and 141 gave powers to make byelaws as to the tipping of refuse and the regulation of stables, respectively.

Section 142 gave powers to make byelaws in respect of houses let in lodgings or occupied by members of more than one family.

Section 144 required the registration of convalescent homes and homes of rest, and represents an effort to regulate premises which, while not being nursing homes, nevertheless provide a degree of care not ordinarily provided in hotels and boarding houses. These powers in conjunction with those afforded by the National Assistance Act, 1948 should meet a serious deficiency in legislative powers and protect a class of person liable to exploitation.

Section 145 provided for the registration of hairdressers, barbers and their premises.

By section 146 the Corporation obtained powers to make byelaws in regard to the inspection of meat, and section 147 dealt with notice of slaughter of animals unfit for food.

Section 148 requires the registration of hawkers of food and their premises and provides powers of control of premises where the food which they sell is stored, while section 149 requires the registration of vendors of shellfish and their premises.

INFECTIOUS DISEASES.

The following table shews the numbers of cases of infectious diseases notified during the year.

Scarlet Fever	...	...	...	231
Whooping Cough	...	...	...	485
Polio-myelitis	...	...	...	24
Polio-encephalitis	...	...	...	1
Measles	...	...	...	1,323
Pneumonia	...	...	...	197
Erysipelas	...	...	...	61
Cerebro-Spinal Fever	...	...	...	6
Puerperal Fever	...	...	...	1
Puerperal Pyrexia	...	...	...	8
Infective Hepatitis	...	...	...	153
Dysentery	...	...	...	3
Ophthalmia Neonatorum	...	...	...	5
Food Poisoning	...	...	...	15
Malaria	...	...	...	1
Diphtheria	...	...	...	1
				<hr/> 2,515 <hr/>

Important features were the epidemics of anterior poliomyelitis (infantile paralysis) and measles, a lowered incidence of infective hepatitis, and the absence of any cases of enteric fever.

SCARLET FEVER. The incidence of this disease was uniform throughout the year.

WHOOPING COUGH. The number of notifications, 485, was slightly more than double the previous year's total. The mortality was nil.

POLIOMYELITIS AND POLIOENCEPHALITIS. During the year 24 cases of poliomyelitis and one of polioencephalitis were notified.

1. *Severity of cases.*

It would seem that less than 20% are likely to have a degree of paralysis which will amount to permanent economic handicap. They can be grouped as follows:—

<i>Group I</i>	—cases with no demonstrable paralysis	...	...	8
<i>Group II</i>	—cases with temporary paralysis recovered on discharge	...	...	6
<i>Group III</i>	—cases with mild paralysis at time of discharge, probably not a permanent economic handicap			6
<i>Group IV</i>	—cases with severe paralysis which will probably prove a life-long economic handicap	...		5

2. Age and Sex incidence.

The age and sex incidence is analysed below:—

	Under 2		2—5		6—10		11—15		16—20		21—30		Over 30	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Group 1 cases	—	—	—	—	3	1	1	—	—	—	1	2	—	—
Group 2 cases	—	—	—	1	—	2	—	—	—	—	1	1	—	—
Group 3 cases	—	—	2	1	—	—	1	1	—	—	1	—	—	—
Group 4 cases	—	—	1	—	1	1	1	—	—	—	—	1	—	—
All cases	—	—	3	2	4	4	3	1	—	—	3	4	—	—

3. Season of Incidence.

Of the 25 cases, 1 occurred in January and cannot be considered as a part of the summer epidemic general to the country.

The remaining 24 occurred during a period of 12 weeks as shown below. Cases in which some common factor is likely have the same initial letter.

No. of Case	Initials	Date of onset	Locality
A 1	S.G.	15th July	Leighton Avenue, Leigh (imported infection).
2	M.A.	20th July	Leighville Grove, Leigh.
3	C.R.	8th Aug.	Beresford Road, Southchurch (? imported)
A 4	R.P.	10th Aug.	Victor Drive, Leigh.
B 5	C.M.	10th Aug.	Ilfracombe Road, Southchurch.
B 6	D.R.	13th Aug.	Branksome Road, Southend, central.
7	D.H.	15th Aug.	Hildaville Drive, Westcliff.
A 8	J.H.	22nd Aug.	Leigham Court Drive, Leigh.
C 9	G.M.	22nd Aug.	Hornby Avenue, Southend.
C 10	M.R.	28th Aug.	Hornby Avenue, Southend
11	M.S.	3rd Sept.	Bridgewater Drive, Westcliff.
12	I.R.	4th Sept.	Southend, central.
13	B.G.	6th Sept.	Leigh (imported).
C 14	D.H.	13th Sept.	South Cres., Feeches Estate, Southend.
15	M.R.	12th Sept.	C.R.S. Shoeburyness (imported).
D 16	A.S.	10th Sept.	Electric Avenue, Westcliff.
D 17	A.H.	18th Sept.	Electric Avenue, Westcliff.
E 18	G.W.	19th Sept.	Leigh (imported case).
E 19	I.D.	20th Sept.	Scarborough Drive, Leigh.
20	D.M.	26th Sept.	The Grove, Southend, central
E 21	V.L.	1st. Oct.	Cricketfield Grove, Leigh.
E 22	G.M.	3rd Oct.	Norfolk Avenue, Leigh.
23	K.L.	8th Oct.	Hartington Road, Southend, central.
24	L.B.	8th Oct.	1490, London Road, Leigh.

(The January case is omitted)

4. *Epidemiology—case-to-case connection.*

It was perhaps fortunate that the Southend cases came a little later than the London cases, and at a time when the schools were closed.

Of the notified cases, 1 was not connected with the summer outbreak, 4 developed the infection within a week of arrival in the town, and 1 had been admitted from a C.R.S. at Shoebury after being taken ill in South Benfleet. 19 cases therefore remain where infection presumably took place in Southend.

In only 2 cases out of the 19 did it seem that the source of infection might be known. These were:—

(a) An adult in Electric Avenue, who developed anterior poliomyelitis 8 days after it had developed in a child next door, and

(b) A girl in Hornby Avenue who developed anterior poliomyelitis 6 days after it had developed in another girl who lived in a house almost opposite.

In neither instance was it possible to establish either direct contact or a common infecting source, but it is felt that if there was no connection, the chances against two such coincidences must be extraordinarily great, as apart from these 4 cases, none of the remaining 15 came from the same street, let alone from nearby houses.

5. *Epidemiology—a sequence of infected localities?*

The time sequence in which different parts of the town produced cases of anterior poliomyelitis suggested that when infection was introduced there were usually two or three clinically recognisable cases notified.

6. *Diagnosis and symptomology of the acute stage.*

The following signs and symptoms presented themselves in the early phase:—

Fever	...	...	...	in 88% of cases
Headache	...	...	„	76% „
Paresis	...	...	„	72% „
				(often only transient.)
Pain in spine on bending				in 56% of cases
Gastric symptoms	...	...	„	56% „
Neck stiffness	...	...	„	52% „
Limb pains or tenderness	...	...	„	52% „
Muscle irritability	...	...	„	40% „
A bi-phasic illness	...	...	„	32% „
Lethargy or restlessness	...	...	„	28% „
Sore throat	...	...	„	16% „
Chest signs	...	...	„	12% „
Sphincter disturbance	...	...	„	12% „
Respiratory paresis	...	...	„	8% „

Of the 26 cases treated in hospital during the year a presumptive diagnosis was made and the patient admitted to hospital between the 2nd and 5th day in 19 cases (11 cases on the 3rd day). The remaining 7 were admitted on the 9th day of disease or after.

7. *Disposal.*

(i) 15 cases returned to the care of their private practitioner with no need for special orthopædic treatment.

(ii) 6 cases with mild paresis referred to Mr. Whitchurch Howell's Out-Patient Department.

(iii) 1 case, after a long period in hospital with a severe paresis referred to Mr. Whitchurch Howell's Out-Patient Department.

(iv) 2 cases referred to the Municipal Hospital for prolonged orthopædic treatment.

(v) 1 (military) case referred to Black Notley Hospital for further treatment.

(vi) 1 case returned home to Worcester with arrangement for admission to hospital for further treatment near his home.

MEASLES.

In contrast with 1946, a measles epidemic occurred, and there were 1,323 notifications, with one fatality, an infant of 6 days old. A rise in notifications began with the first week in March and continued until the middle of May. Thereafter there was a smaller secondary increase in the notification rate which persisted until the end of August. It is always interesting to compare the way in which measles behaves in Southend with the experience in London. This year there was no epidemic in London although there was a moderate, almost uniform increase in notification throughout the first eight months.

INFECTIVE HEPATITIS

There were 153 notifications as compared with 478 last year. The notifications divided into four week periods are set out below. Notifications were received chiefly in the first 32 weeks of the year, after which they fell off rather rapidly. The changes in age incidence noted last year continued, 73.3% of them being in respect of patients over the age of 15 years. The attack rate, calculated on the mid-year estimate of population was 0.11% compared with 0.35% in 1946.

CASES (four week periods)

<i>Year</i>	<i>Number of Cases</i>														<i>Total</i>
1943	12	11	72	77	96	68	40	11	21	28	11	12	4		463
1944	21	34	19	6	11	—	5	3	2	2	2	3	4		112
1945	4	5	14	9	12	24	26	15	7	10	8	9	9		152
1946	16	21	55	76	74	64	43	24	28	23	22	15	17		478
1947	17	21	7	9	26	23	17	12	8	4	3	5	1		153

(1943 figures are for school children only)

CASES BY AGE GROUPS

	0 -	5 -	10 -	15 +	<i>Total</i>
1944	2	25	41	44	112
1945	7	31	32	83	153
1946	17	77	65	319	478
1947	4	17	20	112	153

PERCENTAGE OF CASES IN AGE GROUPS

	0 -	5 -	10 -	15 +	<i>Total</i>
1944	1.8	22.4	36.6	39.2	100.0
1945	4.6	20.3	20.9	54.2	100.0
1946	3.6	16.1	13.6	66.7	100.0
1947	2.6	11.1	13.0	73.3	100.0

DYSENTERY.

Only 3 notifications were received, one case being due to infection with *Eberthella paradysenteriae* (Flexner's bacillus). The patient's husband had suffered from unidentified dysentery while in Austria two years previously, and it may be that he was an intermittent carrier, although no evidence of this was forthcoming.

FOOD POISONING.

Reference is made in the report of the school medical officer to outbreaks of illness associated with the consumption of dinners at school. The only other cases of food poisoning coming to notice occurred at the Borough Sanatorium on the evening of 15.5.47, when 3 members of the nursing staff complained of diarrhoea. The symptoms cleared up within 18 hours and no causal organism was found.

DIPHTHERIA.

In December, a child aged five was notified to be suffering from diphtheria. She had received an injection of 0.3 c.c. A.P.T. on March 31st, 1946, and another of 0.5 c.c. on June 28th, 1946; no posterior schick test was performed.

Her throat became sore on December 8th, and on the 11th a few bacilli, morphologically indistinguishable from K.L.B., were reported in a throat culture.

When visited at home she was found sitting up in bed, looking well and cheerful. The left tonsil was considerably enlarged, and covered with a thin glairy film; there was a patch of thin white adherent membranous exudate on the uvula.

She had been operated upon for congenital heart disease, and because of this, and the clinical appearances, we did not feel justified in withholding specific treatment until a schick test could be performed.

Anti-diphtheritic serum 40,000 units was administered intra-muscularly. Her throat condition cleared in five days, the manner of its regression being consistent with the diphtheritic lesion.

The original culture had contained a large number of streptococci which overgrew the morphological K.L.B., of which a pure culture was never obtained.

Subsequent throat cultures taken daily from the 11th were all negative, and animal inoculation with the original impure culture did not produce the pathology of diphtheria.

There is some presumptive evidence against the diagnosis of diphtheria, because a nasal culture from the patient's sister, aged 10 years, was found to have a few organisms morphologically indistinguishable from K.L.B. The pathologist reported "A K.L.B.-like organism Guinea-pig test avirulent."

The pathologists have suggested that the condition was in fact due to a streptococcal infection, and certainly there is no strong bacteriological evidence in favour of diphtheria. On the other hand, the clinical appearances and the rapid improvement following the administration of anti-diphtheritic serum cannot be disregarded, and it is probably wise to regard this as a case of mild diphtheria occurring in an "immunised" child. Needless to say she made a completely uneventful recovery.

DIPHTHERIA IMMUNIZATION.

During the year 1,264 children under the age of 5 and 116 children over the age of 5 completed a full course of immunisation treatment as compared with 1,014 and 140 respectively in the previous year.

SCABIES.

Total No. of cases ascertained	...	...	112
No. of primary cases	...	...	57

There was again a considerable decrease in the incidence of scabies.

The arrangements for treatment were described in detail in last year's report, and remained unaltered.

The Scabies Order 1941, lapsed on the 31st December, with the termination of Regulation 33A of the Defence (General) Regulations 1939, under which it had been made.

No legal proceedings were instituted under the Order during 1947, and the number of cases in which preliminary action was taken under the Order was very small.

CLEANLINESS—CIRCULAR 2831.

The arrangements as set out in the Report for 1943 continued.

CANCER.

The total number of deaths attributed to Cancer was 317, the primary sites of the disease being as follows:—

	<i>Males</i>	<i>Females</i>
Skin	2	3
Lips, Cheek, Mouth, Tongue, etc. ...	4	2
Larynx, Bronchus, Lung, Mediastinum ...	37	13
Oesophagus	6	2
Stomach	34	18
Small Intestine	—	1
Cæcum, Colon	20	27
Rectum	18	12
Gall Bladder, Liver	8	3
Pancreas	4	4
Kidney, Suprarenal	1	2
Bladder, Urethra	6	2
Testes	1	—
Prostate	22	—
Ovary	—	9
Uterus	—	8
Breast	—	30
Brain	2	3
Bone	2	3
Miscellaneous or not ascertained	3	2
	<hr/> 170	<hr/> 147

There were six deaths from malignant disease in persons under the age of 35 years, as follows:—

Male	...	33 years	...	Carcinoma Lung.
Male	...	31 years	...	Carcinoma Lung.
Male	...	33 years	...	Seminoma Testes.
Female	...	20 years	...	Carcinoma Ethmoid.
Female	...	30 years	...	Carcinoma Rectum.
Female	...	16 years	...	Melanotic Sarcoma Skin.

TUBERCULOSIS.

The year was one of continuing difficulty, particularly as the only practicable way of meeting the immediate needs of the day conflicted with what was desirable as a long term policy. On the retirement in 1941 of the whole-time tuberculosis officer, the County Council agreed to our employing part-time one of their district tuberculosis officers, an appointment which carried with it, clinical control of beds for tuberculosis at the Municipal Hospital, to which County patients were admitted under a user agreement. The return of our population made this arrangement difficult to maintain because of the increase in the numbers of patients to be dealt with, but both authorities accepted inconvenience in order to preserve arrangements which were intrinsically desirable for each.

The appointment of a medical registrar to the S. F. Johnson block in April 1947 afforded some much needed assistance to Dr. McMath, the tuberculosis officer, because the registrar undertook duties in connection with the A.P. refill work and the "contact" clinics at the dispensary.

The inadequacy of the existing dispensary both as regards structure and equipment became even more apparent as the year progressed, and the refusal of the Ministry of Health to permit the Council to proceed with its plans for the adaptation of Lancaster House left no practicable alternative. In addition the disadvantage of carrying out the routine A.P. refill work at the Municipal Hospital became more serious as the numbers of patients increased, while the growth of the hospital laboratory was checked because the buildings into which it was planned to expand were required for these out-patients.

The opening of the S. F. Johnson block and the availability of consultants on the staff of the London Chest Hospital raised hopes of our being able to develop thoracic surgery at the hospital and to admit to the block some patients suffering from non-tuberculous chest conditions. Unfortunately, the shortage of sanatorium beds prevented these developments and it was necessary for the Health Committee to re-emphasise that the "prime function of the S. F. Johnson block at the present time is to make the best possible provision for patients suffering from pulmonary tuberculosis, and that, therefore, other developments, highly desirable though they may be, can only follow as and when this over-riding obligation is met."

Measures were agreed with the Medical Staff Committee whereby the tuberculosis officer retained control of admission to all accommodation provided by the Council for the treatment of tuberculosis, while at the same time providing for other specialists to have access to their patients who might be admitted to these beds. The consultant status of the tuberculosis officer was confirmed and he took his place as a senior member of the medical staff.

The work of the Dispensary.

A further increase was registered during the year. The total attendances increased by 998 to 5,601, and the number of contacts examined, by 62 to 508. The number of domiciliary visits by the tuberculosis officer remained low, 70 as compared with 60 the previous year, but in view of the vast increase in his responsibilities this total is very creditable indeed, and tribute should be paid to the way in which, often under considerable strain, he met the demands made of him.

The increased clinic duties required of the tuberculosis health visitor is reflected in the decreased number of domiciliary visits paid by her, 384 as compared with 529, some of these visits were made to afford nursing attention to patients who could not be admitted to hospital because of shortage of hospital beds.

A.P. Refills.

There was a further expansion of this work, there being a total of 3,187 attendances, an increase of 459 on the previous year.

The following table gives an analysis of the new cases notified during the year, and of the deaths which occurred during 1947. The non-pulmonary deaths were due to tuberculous meningitis (5), miliary tuberculosis (1) and tuberculosis of the spine and miliary tuberculosis (1). The deaths from pulmonary disease fell from 71 to 62 (42 males, 20 females); the non-pulmonary deaths fell from 8 to 7 (3 males, 4 females). All the non-pulmonary deaths occurred at ages under 15, in contrast with the previous year when 4 of them were over 15 years.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	—	1	—	1	—	—	—	2
1	1	2	—	1	—	—	—	1
5	5	12	1	2	—	—	—	1
15	26	31	2	8	2	3	3	—
25	26	26	1	2	4	1	—	—
35	24	16	2	2	5	3	—	—
45	20	12	1	—	15	3	—	—
55	18	3	—	—	11	3	—	—
65								
and up-wards	4	6	—	—	5	7	—	—
Totals	124	109	7	16	42	20	3	4

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:—

	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1947	414	349	25	34	34	22	35	27	448	371	60	61	940
1946	377	306	20	23	34	15	38	30	411	321	58	53	843
1945	341	266	18	15	30	12	32	28	371	278	50	43	742
1944	259	236	11	8	23	12	24	22	282	248	35	30	595
1943	201	180	10	5	20	8	15	21	221	188	25	26	460
1942	175	144	5	2	18	6	9	13	193	150	14	15	372
1941	128	113	2	—	16	2	4	9	144	115	6	9	274
1940	104	100	1	—	9	2	—	5	113	102	1	5	221
1939	200	178	3	5	12	5	11	20	212	183	14	25	434

Note.—On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 pulmonary cases (236 males, 235 females) and 79 non-pulmonary cases (40 males and 39 females.).

As will be observed there was a further increase of 97 in the total number of cases on the notification register. The only cases written off, however, were those who died and if the tuberculosis officer had had opportunity to review all the patients whose names are included in the register the total would have been much lower. The number of children registered as suffering from pulmonary tuberculosis was 59 as compared with 43 in 1946.

TABLE SHOWING NOTIFICATIONS OF PULMONARY TUBERCULOSIS RECEIVED IN 1947, CLASSIFIED ACCORDING TO AGE GROUPS.

Age Group	1939		1940		1941		1942		1943		1944		1945		1946		1947
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M F
0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—	1	1	1	—	—	1	—	—	—
5	2	1	2	2	1	—	3	2	2	1	1	3	6	3	5	6	—
15	15	14	12	16	10	14	22	23	17	12	26	25	31	38	29	42	20
25	11	20	10	8	20	18	18	7	6	17	15	25	35	32	34	35	20
35	14	10	8	5	18	9	16	7	14	8	22	14	25	16	27	21	24
45	16	5	8	4	12	3	13	7	9	6	16	10	24	5	23	4	20
55	11	4	9	4	6	4	10	1	10	4	13	3	23	5	12	3	18
65	3	—	1	—	—	—	1	5	4	3	14	4	9	12	5	8	4
Totals	72	54	50	39	67	48	83	52	63	52	108	84	153	112	135	119	124

TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF PULMONARY TUBERCULOSIS RECEIVED IN EACH AGE GROUP.

Age Group	MALES									FEMALES								
	1939	1940	1941	1942	1943	1944	1945	1946	1947	1939	1940	1941	1942	1943	1944	1945	1946	
0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1	—	—	—	—	1.6	0.9	—	—	0.8	—	—	—	—	1.9	—	.9	—	
5	2.8	4	1.5	3.6	3.2	0.9	3.9	3.7	4.0	1.9	5.1	—	3.7	1.9	3.6	2.7	5.0	
15	20.8	24	14.9	26.5	26.9	24.1	20.2	21.5	21.0	25.9	41	29.1	44.4	23.1	29.8	33.9	35.3	
25	15.3	20	29.8	21.7	9.5	13.9	22.9	25.2	21.0	37	20.5	37.5	13.5	32.7	29.8	28.5	29.4	
35	19.4	16	26.8	19.3	22.2	20.4	16.4	20.0	19.4	18.5	12.8	18.7	13.5	15.4	16.6	14.3	17.7	
45	22.2	16	18	15.7	14.3	14.8	15.7	17.0	16.1	9.3	10.3	6.3	13.5	11.5	11.9	4.5	3.4	
55	15.3	18	9	12	15.9	12.1	15	8.9	14.5	7.4	10.3	8.4	1.9	7.7	3.6	4.5	2.5	
65	4.2	2	—	1.2	6.4	12.9	5.9	3.7	3.2	—	—	—	9.5	5.8	4.7	10.7	6.7	

Return showing the work of the Dispensary during the year 1947:—

	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
-NEW CASES examined during the year (excluding Contacts) :—													
Definitely tuberculous	96	77	4	8	4	8	2	4	100	85	6	12	203
Diagnosis not completed	—	—	—	—	—	—	—	—	11	3	—	—	14
Non-tuberculous	—	—	—	—	—	—	—	—	230	200	35	20	485
-CONTACTS examined during the year :—													
Definitely tuberculous	4	2	2	4	—	1	—	—	4	3	2	4	13
Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-tuberculous	—	—	—	—	—	—	—	—	110	172	101	112	495
-CASES written off the Dispensary Register as :													
Recovered	10	7	—	—	3	4	1	2	13	11	1	2	27
Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ..	—	—	—	—	—	—	—	—	—	—	—	—	—
-NUMBER OF PERSONS on Dispensary Register on December 31st :-													
Definitely tuberculous	414	349	25	34	34	22	35	27	448	371	60	61	940
Diagnosis not completed	—	—	—	—	—	—	—	—	11	3	—	—	14

1. Number of persons on Dispensary Register on January 1st 843
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years 86
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of" 67
4. Cases written off during the year as dead (all causes) ... 144
5. Number of attendances at—
 - (a) the Dispensary (including contacts) 5,601
 - (b) the Southend Municipal Hospital for A.P. refills ... 3,187
6. Number of visits by Tuberculosis Officer to homes (including personal consultations) 70
7. Number of visits by Nurses or Health Visitors to homes for dispensary purposes 384
8. Number of (a) Specimens of sputum, etc., examined ... 889
 - (b) X-ray examinations made in connection with dispensary work—films 2,492
 - screenings 3,730
9. Number of "Recovered" cases restored to Dispensary Register and included in A(a) and A (b) above Nil

10. Number of T.B. plus cases on Dispensary Register on
31st December 32

The increase from 374 to 485 in the total of non-tuberculous case attending at the dispensary is most satisfactory.

Institutional treatment was provided under the Council's scheme for 235 patients as under:—

PULMONARY	Adults		Children		Total
	M	F	M	F	
Municipal Hospital	63	64	1	5	133
Benenden	14	6	—	1	21
Grosvenor	16	14	—	1	31
Preston Hall	2	2	—	—	4
Papworth	1	—	—	—	1
London Chest Hospital	2	2	—	—	4
Nayland	—	11	—	1	12
King George V.	1	—	—	—	1
Brompton Hospital	2	2	—	2	6
Ventnor	1	—	—	—	1
National Children's Hospital	—	—	1	—	1
Langdon Hills	—	—	1	1	2
Frimley	—	—	—	1	1
Southend Isolation Hospital	—	8	—	—	8
St. Bartholomew's Hospital	—	1	—	—	1
St. Thomas' Hospital	—	1	—	—	1
Totals	102	111	3	12	228
NON-PULMONARY					
Lord Mayor Treloar Cripples' Hospital	—	—	2	—	2
Southend Municipal Hospital	1	1	—	1	3
Black Notley	—	—	1	1	2
Grand Total	103	112	6	14	235

Extent of Residential Treatment provided during 1947:—

	<i>In Institu- tions on Jan. 1st.</i>	<i>Admitted during the Year</i>	<i>Discharged during the Year</i>	<i>Died in Insti- tutions</i>	<i>In Institu- tions on Dec. 31st.</i>
PULMONARY.					
M. ...	20	83	44	8	51
F. ...	16	92	66	2	40
Children ...	5	13	12	—	6
NON-PULMONARY.					
M. ...	—	—	—	—	—
F. ...	—	1	—	—	1
Children ...	3	2	2	—	3
TOTAL ...	44	191	124	10	101

Maintenance Allowances.—A total of £3,657 0s. 8d. was disbursed in allowances made pursuant to Memo 266/T, compared to £3,620 15s. 7d. for the year 1946.

Tuberculosis After Care Committee.—The work of this Committee continued to develop, the Corporation making a grant of £250 during the financial year ended 31st March, 1948.

MAINTENANCE ALLOWANCES.

MEMO 266/T.

	<i>Maintenance</i>	<i>Discretionary</i>
No. of applications received ...	123	26
No. of applications granted ...	108	19
The total disbursements were:—		
		£ s. d.
Maintenance Allowances	3,310	14 4
Discretionary Allowances	213	17 4
Pocket Money for Patients in Sanatoria ...	19	15 0
Winter Fuel Allowances	112	14 0
	<u>£3,657</u>	<u>0 8</u>

On 31.12.47, 48 persons were in receipt of Maintenance Allowances amounting to £68 5s. 0d. per week, in addition to which 14 of these were receiving discretionary allowances amounting to £4 12s. 0d. per week.

MENTAL DEFICIENCY ACTS.

Number on Register at end of year—Male ...	180
Female ...	154
Total ...	<u>334</u>

INSTITUTIONAL CARE AS ON 31st DECEMBER, 1947.

(a) *By Mental Deficiency Committee.*

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Royal Eastern Counties Institution ...	37	23	60
Besford Court	2	—	2
Royal Earlswood Institution ...	3	2	5
Hortham Colony	1	4	5
Princess Christian's Farm Colony ...	7	2	9
Stretton Hall	1	—	1
Stoke Park Colony	1	—	1
Harmston Hall	1	—	1
St. Mary's, Alton	—	1	1
St. Theresa's	—	2	2
Royal Western Counties Institution ...	1	1	2
Mutual Sanatoria	4	—	4
Royal Fort Home	—	2	2
Howbeck Colony	4	—	4
Southend Municipal Hospital ...	4	5	9
Rochford Public Assistance Institution ...	4	4	8
Other Public Assistance Institutions ...	—	1	1
	<u>70</u>	<u>47</u>	<u>117</u>

(b) *By Relatives and Others.*

Royal Eastern Counties Institution	...	3	4	7
Royal Earlswood Institution	... ..	1	—	1
Public Assistance Institutions	... ..	2	5	7
		6	9	15

During the year, 10 patients were admitted to Institutions; 6 to Certified Institutions, one of whom was admitted under a place of Safety Order, and 4 to Southend Municipal Hospital or Rochford Public Assistance Institution.

With the assistance of the National Association for Mental Health 2 patients were placed in private homes; both of these were subsequently placed under Guardianship Orders. Another patient was placed under the Guardianship of his sister, thus enabling the Authority to make an allowance for his maintenance, and at the end of the year there were 6 male and 5 female patients under Guardianship.

There were 4 releases on licence from Institutions; 7 patients were recalled from licence, and at the end of the year there were 5 male and 8 female patients on licence.

There occurred the death of one patient in the Royal Eastern Counties' Institution during the year; 2 others took place in Southend Municipal Hospital, 1 in a Public Assistance Institution, and 1 under Guardianship in private care.

Supervision as on the 31st December, 1947.

				Male	Female	Total
Statutory	...	...	...	64	53	117
Voluntary	...	...	...	29	30	59
				93	83	176

A total of 14 patients were supervised on behalf of other local Authorities, 9 on licence from Institutions and 5 under Guardianship.

The shortage of accommodation in Certified Institutions, particularly for low-grade cases, has continued to be a grave and ever-growing problem. Of the 5 cases admitted to Certified Institutions during the year, only one was low-grade; this patient was accepted temporarily by the Royal Western Counties Institution, Devonshire, on the understanding that she would be transferred to the Royal Eastern Counties Institution as soon as a vacancy occurred. We were compelled to admit 3 low-grade child patients to the Mental Observation Ward of the Municipal Hospital, where they were unsuitably placed and the cause of much work and anxiety to the hospital staff. An elderly low-grade

patient was admitted to Rochford Public Assistance Institution,, and 3 more applications received during the year remain to be dealt with. There have in addition been 2 more applications from Certified Institutions during the year for the removal of patients who were becoming unsuitable, making a total of 9 awaiting transfer. Owing to the extreme rarity of vacancies for low-grade patients, priority of admission is naturally given to those who prove impossible to manage at home, or who are homeless; and this, in turn, lessens the probability of any vacancies being created by the granting of licences, since these patients, once admitted, tend to become permanently institutionalised.

A day occupation centre for ineducable children under 16 is needed, as it would help to break the vicious circle which makes life intolerable in the homes of such children. The child becomes more obstreperous through want of training and occupation, and parental control deteriorates through sheer exhaustion. There are also a number of adult low-grade defectives, particularly males, who cannot be provided with adequate occupation at home, and who would benefit greatly by attendance at a senior occupation centre. Such provision would also diminish the risks attendant on these patients being allowed, as sometimes happens, to spend much of their time going for solitary walks about the town. If an Occupation Centre were available, there would be some justification for pressing parents to make use of it, in cases where the supervision given to the patient was considered insufficient.

BLIND PERSONS ACTS, 1920-38.

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Number on Register on 1st January 1947	...	103	147	250
Died during the year	... ..	9	12	21
Left Borough during the year	... ..	4	8	12
Removed from Register	... ..	—	—	—
Newly Registered during the year	... ..	11	8	19
Removed from other areas during the year	...	6	5	11
Number on Register on 31st December, 1947		107	140	247

Eight blind persons were in the hostel provided by the Essex County Council and 7 were in Blind Homes and 7 in Social Welfare Institutions.

Work of the Home Teacher.

A total of 1,262 visits was made to blind persons in their homes, during which 40 lessons in Braille reading and writing and Moon reading, and 12 handicraft lessons were given.

The weekly handicraft class continued successfully and at the end of the year 19 blind persons were attending to receive instruction in chair-caning, weaving, netting, string-bag making and other crafts.

Home Workers.

At the end of the year there was one home worker in receipt of augmentation of wages engaged in basket making.

Periodicals.

There are 13 English and 3 American periodicals in Braille and Moon type which continued to be supplied free of charge to local blind readers.

Use of Deck Chairs on the Promenade and Cliffs.

The free passes granted by the Council's Entertainments Committee to enable blind persons who could avail themselves of the facility to use deck chairs on the promenade and cliffs, was renewed during the year and very much appreciated by the blind population.

Transport Facilities.

During the year the Council's Transport Committee authorised the issue of passes to enable blind persons to use the Corporation buses free of charge. Over 170 such passes were issued at the beginning of September and the generous action of the Transport Committee was very much appreciated.

Wireless.

The British Wireless for the Blind Fund supplied 13 wireless sets during the year, so that several obsolete sets could be replaced.

Domiciliary Assistance.

On the 1st January, 1947, 121 blind persons were receiving domiciliary assistance amounting to £118 13s. 5d. per week, and on 31st December, 1947, 121 blind persons were receiving £120 14s. 1d. per week. The total amount disbursed during the year was £4,799 2s. 11d.

HOME AND DOMESTIC HELP SCHEME.

As time went on, the correctness of the Committee's early views about organisation was demonstrated. From the outset it had been felt that the success or otherwise of the scheme, depended in large measure upon the continuity and adequacy of supervision, and the Council had determined from the beginning not to go forward without the services of a whole-time supervisor and organiser. It was shown again and again that the best means of preventing difficulties and friction, always inherent in a personal service of this kind, was frequent and regular visits by the supervisor to households receiving assistance, preferably when the worker was there.

The need for dealing speedily with all applications and of telling people just what could be done was learned. It is actually more helpful to say that no assistance can be given, than to leave the applicant with an ill-defined and contingent promise to do what one can.

Theoretically, the 48-hour week of the home help should be wholly inadequate to replace the mother of a family during her lying-in, but in the majority of cases, this has not proved to be so, and no arrangements for any overtime were made during the year.

Certain new administrative problems were met when help was needed in households where open pulmonary tuberculosis was present (in many instances merely another unseen result of insufficient hospital beds for tuberculous patients). In the end volunteers to work in such households were asked for, and were always forthcoming. A course of instruction on the avoidance of infection and simple hygienic measures to be taken by all home helps was arranged, and at the same time steps were taken to protect the public by arranging for the X-Ray examination of the employees.

In spite of the attraction of highly paid seasonal work, many workers remained faithful during the year, our turnover being less than the rate in local hospitals. Those who have had no opportunity of knowing what people will do when given adequate leadership, would have been surprised at the cheerful way in which very many unpleasant and sometimes disgusting conditions were tackled.

On appointment, Mrs. Goddard, the supervisor, determined to create an *esprit de corps* for this service and always represented it as an essential social service; the experience of the year has fully justified both her confidence and her policy.

The following staff were employed at the beginning and end of the year:—

<i>On 1.1.47</i>	<i>On 31.12.47</i>	
4	7	Regular full time
8	43	Regular part time
2	4	Casual

No. of cases assisted during the year:—

Home Help Cases	...	...	...	...	66
Domestic Help Cases	...	...	...	...	242

Of these 164 were assisted for under 1 month.

97	„	„	„	1 to 3 months.
32	„	„	„	3 to 6 „
15	„	„	„	over 6 „

ASSESSMENTS:

	<i>Domestic Help</i>	<i>Home Help</i>
FREE	62	9
10/- per week and under ...	28	16
Over 10/- and under £1 ...	18	7
£1 to £1 10s.	25	15
Over £1 10s. to £2	5	7
Over £2 to £3	9	5
Over £3 to £4	—	3
FULL COSTS	95	4

WAGES AND COLLECTIONS :

Total wages paid	...	£4,437 14s. 2d.	£317 19s. 1d.
Total collections	...	£1,177 2s. 0d.	£60 2s. 8d.

LOCAL GOVERNMENT SUPERANNUATION ACT, 1937
AND SICK PAY REGULATIONS.

The following table shows the number of examinations carried out during 1947 for the various Departments :—

Education	...	...	...	230
Borough Engineer's	...	...	...	70
Transport	...	...	...	65
Borough Treasurer's	...	...	...	30
Libraries	...	...	...	23
Police	...	...	...	19
Town Clerk's	...	...	...	17
Parks	...	...	...	16
Electricity	...	...	...	13
Health	...	...	...	10
Cemeteries	...	...	...	6
Aerodrome	...	...	...	5
Cleansing	...	...	...	4
Pier and Foreshore	...	...	...	3
Social Welfare	...	...	...	3
Pier Catering	...	...	...	1
Entertainments	...	...	...	1
				<hr/>
Total				516

In addition 190 Sick Pay Regulation cases were dealt with by an enquiry and report without medical examination.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1947

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

Chairman:

Alderman Leyland.

Ex-Officio:

His Worship the Mayor (Alderman S. F. Johnson, J.P.).

Chairman of Education Committee:

Alderman V. R. Tattersall, J.P.

Vice-Chairman of Education Committee:

Miss M. E. Reay, C.B.E., J.P.

Chairman of Maternity & Child Welfare Committee:

Councillor Margaret Broom.

Councillor E. A. Clarke.

Councillor J. W. Dorling.

Councillor H. W. Pinchbeck.

Mrs. S. S. Sylvester.

Miss E. O. Dowsett.

Rev. W. W. Laurence.

Rev. P. C. Lee.

Dr. W. I. Moore.

Dr. P. F. R. Venables.

Mr. C. W. Beale.

Mr. E. S. Bowyer.

STAFF OF THE SCHOOL MEDICAL SERVICE

A. WHOLE-TIME OFFICERS.

School Medical Officer:

J. Stevenson Logan, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:

J. Conway Preston, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers:

John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

Gladys Lilian Neill, M.B., B.S. (Commenced 10th March).

Senior School Dental Surgeon:

Edgar C. Austen, L.D.S.

Assistant School Dental Surgeon:

Alexander T. Craig, L.D.S.

Health Visitors who also act as School Nurses:

Miss K. M. Burnett.

Miss V. Crump (Retired 22nd November).

Miss M. Butcher.

Mrs. V. Grove.

Miss M. N. Withams.

Miss D. E. Stevens.

Miss A. E. Penfold.

Miss P. Bulwer (Resigned 5th September).

Miss G. M. John.

Miss A. M. Turret.

Miss F. L. Blackburn (Appointed 1st May).

Miss M. K. Lock (Appointed 1st May).

Miss P. Barritt (Appointed 20th October).

School Clinic Nurse:

Miss D. L. Willis.

Psychiatric Social Worker:

Miss D. L. Freeman-Browne (Appointed 3rd November).

School Clinic Attendant:

Miss L. M. Marshall.

Miss W. England (Appointed temporarily 29th December).

Dental Attendants:

Mrs. R. H. Eyre (Resigned 31st May, 1947).

Miss I. J. Sinclair.

Miss D. Fill (Transferred from Clerical Staff).

Clerks:

Miss M. M. Restorick (Resigned 31st October, 1947).

Miss D. Fill (Transferred to Dental Staff).

Miss B. P. Law (Transferred to M. & C. W. Clerical Staff).

Miss D. Mantle (Transferred from M. & C. W. Clerical Staff).

Miss J. Wheeler (Appointed 29th September).

Miss A. M. Roberts (Appointed 8th December).

B. PART-TIME OFFICERS.*Ophthalmic Surgeon:*

D. D. Evans, M.D., Ch.B., D.O.M.S.

Surgeon for Operative Treatment of Tonsils and Adenoids:

C. Hamblen Thomas, F.R.C.S.

Orthopaedic Surgeon:

B. Whitchurch Howell, F.R.C.S.

Psychiatrist:

J. A. McCluskie, M.B., B.Sc. (Resigned 13th October).

Speech Therapist:

Miss R. W. Tregear (Mrs. Jenkins) (Commenced 20th October)

STAFF.

Dr. O. Young, who had been engaged temporarily in September, 1946, resigned on the 17th January. With the appointment of Dr. G. L. Neill in March the permanent establishment of medical officers was filled for the first time since the summer of 1940.

Following the unexpected departure of Dr. J. A. McCluskie in October, we had the assistance of Dr. P. Scott of Runwell Hospital for one session per week from November onwards at the Child Guidance Clinic.

The growing waiting list for the Eye Clinic made it necessary to arrange for Dr. G. Foster Smith to attend once a week, commencing in November.

There were several changes in the staff of Health Visitors and School Nurses. Miss P. Bulwer resigned on obtaining another appointment in September and Miss V. Crump retiring on attaining the age limit in November. With the appointment of Miss Lock, Miss Blackburn and Miss Barritt, the number of Health Visitors was restored to eleven, leaving one vacancy in the authorised establishment.

The temporary appointment of Miss W. England as School Clinic Attendant at the end of December was made in anticipation of the leave of absence granted to Miss L. M. Marshall in January, 1948, to enable her to undertake general nursing training under the scheme for ex-members of H.M. Forces.

Miss D. Fill, a member of the clerical staff of the Department was appointed to the vacancy of Dental Attendant created by the resignation of Mrs. R. H. Eyre.

On the resignation of Miss M. M. Restorick, Miss A. M. Roberts was appointed as Senior School Medical and M. & C. W. Clerk in December. Miss B. P. Law was transferred to the M. & C. W. Section, Miss D. A. Mantle was transferred from duties in the Maternity & Child Welfare Section and the staff was completed by the appointment of Miss J. Wheeler.

With the appointment of Miss Tregear in October, the Speech Therapy Clinic was resumed for the first time since March, 1946.

SCHOOL MEDICAL AND DENTAL INSPECTION.

Routine Medical Inspections totalled 5,089, about 200 fewer than in the previous year.

It has been the practice hitherto, to inspect 30 entrants or 25 older children in each session of two-and-a-half hours, the difference being accounted for by the omission of the test for visual acuity in the case of entrants who have not learned to read letters. The new standardised school medical inspection records require much fuller details of the child's family and personal history and home circumstances. Much time is consumed in eliciting this information from parents, par-

ticularly at the first inspection, and it has been necessary to reduce the number inspected per session to 20. It seems likely that familiarity with the record cards will enable the general rate of 25 children per session to be maintained both for entrants and others, but it is necessary to ensure that adequate time is available for the actual inspection of the child.

The shortage of accommodation in the schools has its repercussions upon medical inspection, for on occasion, projected medical inspections had to be cancelled because no room was available in the school. Many of the older schools have no medical inspection room, and when no classroom is available, inspection has to be conducted in a small staff room with no additional space for parents to wait or for children to undress. Under these conditions, confidential discussion with parents is impossible and the use of the stethoscope is apt to lose value. Even in the newer schools the medical inspection room is commonly sited adjacent to the school hall, with a view to the use of the latter as a waiting room for parents. The unavoidable carrying on of school activities in the hall during medical inspections again creates problems both of noise and of accommodation, which must wait upon the building programme for solution, but it must be stated that the facilities for medical inspection at the present time are frequently unsatisfactory. In the meantime, our thanks are due to the Head Teachers who, often at great personal inconvenience, do everything in their power to provide accommodation for the doctor.

The statistical tables are in a new form this year, giving more detailed information than has been available since 1938. They are, however, in a rather simpler form than before the war, the statistics of Primary and Secondary Schools being grouped together and details of treatment obtained otherwise than under the Authority's scheme being omitted.

The general condition of the children revealed by routine medical inspection remains favourable. The statistics of nutrition show the usual variations attributable to the individual assessment of different examiners. The separate figures for the different age groups, however, do not indicate a less favourable nutrition among the second age group, which was a common feature before the war.

The general pattern of the findings at Routine Medical Inspections follows closely the pre-war experience of which corresponding statistics are available. There is a great preponderance of three defects, namely defective vision, enlarged tonsils and adenoids, and flat feet. Many of these are, of course, minor defects, as is shown by the difference between the number of defects found at Inspections and the number of children referred to the Special Eye, Ear, Nose & Throat, and Orthopaedic Clinics.

The findings at Special Inspections show the same preponderance of these three defects with the addition of a relatively high incidence of diseases of the skin, which is in accordance with expectation, since a skin condition, being obvious to parent and teacher, tends to be pre-

sented at the Inspection Clinic rather than to be found in the course of a Routine Inspection.

Routine Dental Inspection was carried on as usual during the School Terms, two whole-time Dental Surgeons being available throughout the year for the first time since the war.

The total number of children inspected, 8,616, was approximately the same as last year, but a higher proportion were Special Inspections of children presented for examination at the Dental Clinic. Routine Inspections of children in the periodic age groups numbered 6,288 compared with 7,442 last year. Owing to the long period during 1946 in which only one Dental Surgeon was available, arrears of treatment had accumulated and in an effort to overcome these, 918 sessions were devoted to treatment and 45 to inspection, compared with 681 and 54 respectively in 1946.

PROVISION OF MILK AND MEALS.

Further progress was made in the provision of school canteens, although some twenty-two school departments were still supplied with container meals from central kitchens.

Three new kitchen-dining-room units were opened, one at Southend High School for Girls, providing 500 meals in two sittings, and others at Shoeburyness High School and Richmond Avenue School, each with a capacity of 350 meals in two sittings. At Eastwood and North Street Schools new dining rooms were added to the existing central kitchens and additional dining rooms were provided at Thorpe and Fairfax Schools.

The proportion of children taking School Meals remains about 60 per cent., and the service is now providing over 10,000 meals per diem during the terms. Seven centres remained open for the provision of meals during the school holidays. The numbers taking meals during the holidays are comparatively small, and in order to avoid waste, parents are asked to indicate in advance whether their children will be attending for meals. During the Christmas holidays the percentage of those who said they would attend and who actually attended was 91 per cent. in the case of children who were required to pay for their meals, and 68 per cent. of those who received free meals.

The arrangements for the provision of free milk and meals to necessitous children remained as described in previous reports.

Administrative Memorandum No. 238 issued by the Ministry of Education in July, extended the Welfare Foods Scheme of the Ministry of Food so as to make available one pint of milk daily through registered suppliers at the special price of 1½d. per pint, for children between the ages of 5 and 16 who are unable, on account of disability of mind or body, to attend school. These children, who are either excluded from school or awaiting admission to special schools, had previously been disadvantageously placed by reason of being outside the scope of the Milk in Schools Scheme, unless their disability was such as to qualify them for priority milk on medical certification.

There were five outbreaks of illness attributed to food poisoning. Through the co-operation of Head Teachers and the Supervisor of School Meals, all occurrences of this nature, however limited, are reported promptly, and having regard to the fact that the Service provided 1,744,407 meals during 1947, its record in this respect is not unfavourable. With the progressive extension of communal eating as a national habit, standards of hygiene in the preparation of food are acquiring ever greater importance. These incidents and the searching investigation which follows them, serve to focus the attention of all ranks of the staff on the necessity for scrupulous care in the handling of foodstuffs.

On January 15th at Chalkwell Junior Mixed School, 132 boys, 118 girls and 19 adults ate a school dinner provided from the central kitchen at Eastwood School. Subsequently 27 boys, 105 girls and 13 adults were affected with symptoms of food poisoning. On the same day the Eastwood central kitchen supplied meals also to Eastwood School, Eastwood Nursery, and West Leigh School. No cases of illness were reported from any of these schools.

The symptoms in most cases were mild and of short duration. The time of onset varied between 4 and 20 hours after eating the meal, the average time being 12 hours. Clinical opinion suggested that the condition was one of toxic food poisoning. No pathogenic organisms were recovered from bacteriological examination of the food remnants but coagulase-positive staphylococci were cultured from nose and throat swabs of one member of the dining room staff at Chalkwell School and five members of the kitchen staff at Eastwood.

The absence of symptoms in the other schools supplied with the same meal, and the disparity in the incidence of cases between the boys and the girls departments suggested strongly that certain of the heated containers had been contaminated rather than that the bulk food was infected during preparation. This is a common finding in outbreaks of this character, and attention has been directed to the method of cleansing the containers, which is usually done by hand scouring with detergents followed by washing in hot water rather than by steam sterilisation, and to the prohibition of the objectionable practice of using an empty container as a waste bin into which is scraped the remnants from used plates.

At Bournemouth Park Road School in March a total of 413 meals were served from the school canteen to the four departments of the school— boys, girls, infants and nursery. Subsequently 8 adults and approximately 91 children were affected with symptoms suggestive of toxic food poisoning. So far as the children were concerned the incidence fell almost entirely on the boys' department. The infants' and the girls' departments were completely unaffected and only 10 children in the two nursery groups became ill. The adults affected were two of the staff of the nursery class and six of the kitchen staff. No adequate explanation of this distribution was discovered, although the general inference again is that only certain dishes of the meal had been contaminated.

None of the persons affected was seriously ill and the majority were in school the next day. Samples of the food served at the suspected meal were submitted to the Pathologist, who reported that a staphylococcus aureus was grown from a sample of Yorkshire pudding. All the members of the kitchen staff were examined bacteriologically and staphylococci were recovered in one case from the nose and in another from the rectum. Further investigation, however, indicated that the organisms were not assignable to any of the known pathogenic groups, and final proof of the cause of the illness was lacking.

A sudden illness among the dining-room staff at the Municipal College in April presented unusual features. The two dining rooms are served by a supervisor and nine part-time assistants. All these ten persons were affected by symptoms suggestive of food poisoning on the same evening. Approximately 300 meals had been served that day in the college dining rooms, the food having been cooked at Earls Hall central kitchen, where the same meal was served to about 500 persons. No other cases of illness could be traced either at the College, at Earls Hall School, or among the staff of the central kitchen. The only actual preparation of food undertaken in the College kitchen is in connection with the canteen maintained for the use of students attending the evening classes, and no case of illness was discovered among the persons using the canteen.

It seemed to be clearly established that the meal served from the central kitchen was not responsible for the illness among the dining room staff, and this view received further support from the fact that one of the affected persons had not partaken of the meal.

The only other food consumed in common by the affected persons was tea and buns, the latter being supplied by the staff themselves. Neither of these is a common cause of food poisoning, although the possibility of a bottle of stale milk having been used in the tea was considered. Bacteriological examination of the affected persons was inconclusive and it was considered that the illness was caused by the introduction of some article of unsound food rather than that one of the staff was the source of contamination.

In September a report was received that 4 teachers and 4 pupils of Wentworth High School had been taken ill with symptoms of enteritis. The school canteen had supplied 150 meals on the day in question and no other cases of illness could be traced. Routine investigations failed to disclose the cause of the illness.

Another unexplained outbreak occurred at West Leigh Junior School in December, when five members of the teaching staff were affected. There appeared to be no grounds for incriminating the school dinner, which was served to 10 adults and 232 children, the same meal having been also served at West Leigh High School and at Eastwood School where it was prepared in the central kitchen. Some of the members of the staff of the junior school obtained tea from a cafe adjacent to the school but no convincing explanation of the occurrence was discovered.

ARRANGEMENTS FOR TREATMENT.

1. HOSPITAL TREATMENT UNDER THE EDUCATION ACT 1944.

Following negotiations with the Board of Management of Southend General Hospital, agreement was reached in September on a proposal to pay a block grant of £12,000 to the Hospital in respect of the treatment of children attending Maintained Schools during the period from the 1st April, 1945, to the 31st March, 1948.

It was agreed that this arrangement should include the remuneration due to the medical and surgical staff, the Hospital undertaking to make available the same range of treatment for child in-patients and out-patients as had been provided heretofore.

The block grant did not cover treatment of enlarged tonsils and adenoids or orthopædic defects. The arrangements for the treatment of these conditions were the subject of existing agreements dated from 1934, the revision of which was still under discussion at the end of the year.

The Committee agreed not to seek to recover contributions from the Southend General Hospital Provident Fund in respect of child dependants of contributors.

In regard to treatment at Southend Municipal Hospital where there is no Out-patient Department, the Committee decided to accept responsibility for paying the full cost of maintenance and treatment.

2. MALNUTRITION

The arrangements for the supply of free milk and of free meals, cod liver oil and malt, and Parrish's Food to necessitous children continued as in former years.

3. MINOR AILMENTS

The Inspection Clinic and Minor Ailment Treatment Centre at the Municipal Health Centre was open daily throughout the year as usual and the additional clinic at Eastwood was continued once a week during term time.

On the 28th February the new Shoeburyness Clinic was opened in the former Council Offices. As in the case of the clinic at Burnham Road, Leigh, the Shoeburyness Clinic serves the needs both of the Education and Maternity and Child Welfare Committees, using the same premises on different days. These clinics had previously been held at Shoeburyness High School, where the accommodation was urgently required for teaching purposes.

Hitherto the Leigh and Shoebury school clinics had been held on the same afternoon, one medical officer conducting the Shoebury clinic from 2.15 to 3.30 p.m. and then travelling to Leigh to begin the clinic there at 4 p.m. The numbers attending the clinics made it difficult to adhere to this timetable, and from the 6th May onwards it was decided

to devote a whole afternoon session to each clinic, and, by arrangement with the Health Committee, to provide facilities for diphtheria immunisation at the same time. This development made it necessary also to continue these clinics during the school holidays instead of only during term time, involving over 60 additional clinic sessions per annum, with no increase of medical staff.

Attendances at the inspection clinic numbered 7,540 compared with 9,869 in the previous year, but attendances for treatment again showed an increase from 3,975 to 4,432.

4. UNCLEANLINESS AND VERMINOUS CONDITIONS

The revised procedure adopted for dealing with children found to be verminous was described in last year's report.

As in previous years, treatment facilities were freely available at the school clinic, and where the simultaneous cleansing of adults is required, at the Borough Sanatorium through the co-operation of the Health Committee.

It was not necessary to institute legal proceedings in respect of uncleanness or to resort to compulsory cleansing.

The total number of examinations by the School Nurses was 33,952 compared with 33,095 in 1946, but the number of children found to be unclean again declined, from 741 in the previous year to 587.

The decline in the incidence of scabies since the war years also continued, only 83 children being treated for this condition compared with 241 last year.

At the end of December the Scabies Order 1941 lapsed with the revocation of the Defence Regulation under which it was made. The procedure involved in the application of the Order was so cumbersome as to reduce materially its practical value in those cases where it was necessary to press it to the extent of legal proceedings. It had a value, however, in many cases where the initial service of notices was sufficient to secure compliance with the Authority's requirements. The need for these powers had declined steadily in the last few years and no case was brought before the Court under the Scabies Order during 1947.

5. SPECIAL CLINICS.

(a) *Dental Clinics.*

The two dental surgeries at the School Clinic were in use throughout the year and by December plans were being prepared for the proposed additional dental clinic at Burnham Road, Leigh.

The statistics of work accomplished at the clinic show an increase over the previous year in every category. The greatest increase is shown under the heading "Other operations," which numbered 2,402 compared with 817. Reference was made in last year's report to the development of orthodontic treatment, which accounts for most of the

attendances under this heading. The figures given include periodic attendances for adjustment of orthodontic appliances.

Owing to the length of time they are required to be worn, the majority of orthodontic appliances are removable and thus depend for their success on the co-operation of the patient. During the year 141 appliances were constructed, of which 12 were judged to have been unsuccessful. Fifteen children were fitted with dentures; in twelve cases the necessity arose as a result of accident, and in the remaining three on account of acute caries which had been neglected until the teeth were beyond preservation.

The school dental service provides treatment also for expectant mothers and pre-school children on behalf of the Maternity and Child Welfare Committee, and in special cases, for mental defectives on behalf of the Committee for the Care of the Mentally Defective. The work done during 1947 on behalf of these Committees is shown in the following Table:—

				<i>Ante- Natal</i>	<i>Infant Welfare</i>	<i>Mental Defective</i>
No. of Patients Treated	...			458	147	8
Extractions	...	...	...	552	195	22
Fillings	...	...	...	265	36	3
Scalings	...	...	...	74	—	—
Dressings	...	...	...	96	26	—

(b) Eye Clinic.

The total number of attendances again increased from 1,509 to 1,923 and as described at the beginning of this report it was necessary to arrange extra sessions towards the end of the year, in addition to the regular bi-weekly clinic conducted by the consultant ophthalmic surgeon.

There was no change in the arrangements for the supply of spectacles free of cost under the provisions of the Education Act. When parents elect to obtain more expensive frames than the standard pattern provided under the Scheme a choice is available on payment of the difference in cost.

There are no local facilities for the orthoptic treatment of squint the need for which is becoming more apparent. In a few cases, on the advice of the consultant ophthalmic surgeon, the Committee has approved the attendance of children at one of the Essex County Council's orthoptic centres. In three cases cheirosopes were supplied on loan to parents free of cost.

(c) Ear, Nose and Throat Clinic.

The clinic was held once weekly as usual at the Out-patient Department of Southend General Hospital. The number of children operated on for adenoids and chronic tonsilitis was 239 as compared with 473 in 1946. As explained in last year's report, the 1946 figure was abnormal

high as it included a number of accumulated arrears on the Hospital waiting list. Part of the decline in numbers this year, however, is to be attributed to the suspension of operations during the outbreak of poliomyelitis.

(d) Orthopædic Clinic.

The quarterly clinic was held as in previous years, at the out-patient department of Southend General Hospital. Children who require to be seen intermediately attend the consultant orthopædic surgeon's weekly Out-patient clinic. There were 245 out-patient attendances during the year, 6 children received orthopædic in-patient treatment at Southend General Hospital, and a further 6 were maintained in orthopædic hospital schools.

The lengthy hospital waiting list for in-patient treatment was again a matter of concern despite the best endeavours of the hospital authorities and the consultant surgeon.

(e) Speech Clinic.

This clinic was only resumed at the end of October after an interval of eighteen months. The speech therapist attends for six sessions each week, on a part-time basis. Sessions are held at the school clinic, and in some cases on school premises where a sufficient number of children in a particular area is available to form a treatment group. At the end of the year 32 children were receiving treatment and 128 attendances had been made.

(f) Child Guidance Clinic.

The clinic was still operating under difficulties, firstly from the absence of a psychiatric social worker until November, and secondly from the continued necessity of working in unsuitable premises.

The psychiatrist attended for four sessions each week regularly until his resignation in October. Following this the clinic would have been without a psychiatrist for the remainder of the year but for the kind help of Dr. R. Ström Olsen, Physician Superintendent of Runwell Mental Hospital, who made available the services of Dr. P. Scott once a week.

The difficulties experienced in obtaining residential treatment for maladjusted children, which were referred to in last year's report, still constitute a serious problem.

The following Table is a summary of the work done at the clinic during 1947.

Part-time Psychiatrist

Interviews with children	...	...	...	...	435
Interviews with parents	...	...	...	...	412
Interviews with Head Teachers, Probation Officers and other agencies	...	...	...	...	55

Psychiatric Social Worker

Interviews with parents	...	...	...	...	34
Interviews with parents for Juvenile Court	...				12
Interviews with children	...	...	...	...	13
Visits to Schools	...	...	...	...	10
Home Visits	...	...	...	...	31
Visits—other agencies (e.g. Probation Office)	...				22

Educational Psychologist

Interviews with children at Clinic	...	...	...	...	260
Interviews with children at School	...	...	...	...	184
Interviews with parents	...	...	...	...	295
Juvenile Court cases seen in Clinic	...	...	...	...	46
Interviews with Head-teachers	...	...	...	...	193
Interviews with Probation Officer and other agencies	...	...	...	...	212

FOLLOWING-UP AND WORK OF NURSES.

The arrangements for the routine follow-up of children found at medical inspections to have a defect, had had to be sacrificed to some extent during the war and the immediate post-war period, on account of shortage of staff and the many other calls on the time of the health visitors and school nurses. During 1947 there were still only eleven nurses in place of the authorised establishment of twelve, and the great increase in Maternity and Child Welfare work in recent years is not entirely compensated by the withdrawal from the health visitors of duties in connection with mental deficiency and tuberculosis.

The efforts of the health visitors were directed primarily to the follow-up of infectious diseases, verminous conditions, and the more important remediable defects.

The following Table shows the work done by the Nurses during the year:—

	No. of children	No. of visits
Enlarged tonsils, adenoids or mouthbreathing	259	316
Squint or defective vision	94	111
Deformities	148	188
Verminous conditions	472	613
Infectious Diseases	882	1148
Contagious Skin Diseases (Impetigo, Scabies, Ringworm)	79	107
Malnutrition, neglect, etc.	28	45
Defective teeth	13	14
Other conditions, e.g. Blepharitis, Bronchitis, Otorrhoea, etc.	351	523
<i>Total</i>	<u>2,326</u>	<u>3,065</u>

NURSERY CLASSES

Owing to the accommodation at Eastwood School being urgently required for the Infants' Department, the nursery class had to be discontinued. The nursery classes at the Open Air School, Bournemouth Park Road, and Thorpe School remained open during the school terms throughout the year. All of the classes have waiting lists, but the School Medical Officer is much indebted to the Committee and the respective head teachers for their efforts to place children specially recommended by him on medical or social grounds.

HANDICAPPED PUPILS

As part of a national survey of handicapped pupils, a statistical report was submitted to the Ministry of Education in February, showing the numbers of children in the various categories known to the department.

Children suffering from the more severe defects were, of course, already known to the school medical officers, but as no systematic survey had been made since the return of the children from evacuation it was recognised that our records of children with less serious defects were incomplete. Accordingly, Head Teachers were asked to submit the names of children who appeared *prima facie* to come within one of the defined categories of handicapped pupils. An analysis of the returns submitted revealed a number of children not previously known to the department, or at least, not recorded, as handicapped pupils, and these children were then inspected by a medical officer who determined whether or not they were properly classifiable as handicapped pupils. It is necessary to distinguish between a child suffering from a medical defect which, although properly the concern of the school health service, does not affect his suitability for ordinary education, and a handicapped pupil within the meaning of the Regulations. The essential criterion for classification as a handicapped pupil is the presence of a defect which necessitates some form of specialised education, or at least some modification of the ordinary curriculum.

The following Table shows the results of the Survey in a simplified form, omitting the subdivision into age groups:—

Defect	In Special Schools		In Main-tained Pri-mary and Secondary Schools		In Inde-pendent Schools		Not at School		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind	2	1							2	1
Partially Sighted		2	2				2		4	2
Deaf	2	4					3		5	4
Partially Deaf			3	6					3	6
Delicate		1	26	21			1	1	27	23
Physically Handicapped	3	2	8	5				2	11	9
Diabetic										
Educationally Subnormal	29	15	177	110	2		7	7	215	132
Epileptic							2		2	
Maladjusted	4	1	160	64	3		2	1	169	66
Speech Defect			99	37			2		101	37
Multiple Disabilities		2					2	1	2	3

A comparison of these figures with the Ministry's estimates of the number of handicapped pupils as shown in Pamphlet No. 5 "Special Educational Treatment," indicates that the ascertained percentages in Southend are in most cases below the expected numbers.

<i>Defect</i>				<i>Ministry's Estimate</i>	<i>Southend 1947</i>
Blind	...	...	...	0.2 to 0.3 per 1000	0.2 per 1000
Partially Sighted	...	...	...	1.0 per 1000	0.4 per 1000
Deaf	...	...	...	0.7 to 1.0 per 1000	0.6 per 1000
Partially Deaf	...	...	...	1.0 upwards per 1000	0.6 per 1000
Delicate	...	...	...	1 to 2 per cent.	0.3 per cent.
Diabetic	...	...	...	No estimate available	—
Epileptic	...	...	...	0.2 per 1000	0.1 per 1000
Educationally Sub-normal				10 per cent.	2.0 per cent.
Maladjusted	...	...	...	About 1 per cent.	1.5 per cent.
Physically handicapped	...	...	...	5 to 8 per 1000	1.6 per 1000
Speech Defects	...	...	...	1.5 to 3 per cent.	0.9 per cent.

In the above table the Southend figures are based on the school population of 15,525 registered pupils at the end of 1946. The proportion of 1.6 per cent. physically handicapped pupils includes the children recorded in the preceding table as suffering from multiple disabilities.

Coincidentally with this survey two other investigations were undertaken in relation to special categories of handicapped pupils. The British Council for the Welfare of Spastics asked for information regarding the number of children known to the Authority who suffer from cerebral palsy, classified according to the degree of paralysis and the extent of associated mental defect. Twenty-three cases of this condition were recorded, but this figure includes pre-school children, ineducable defectives, and minor cases not classifiable as handicapped pupils.

A statistical report was furnished to the Ministry showing the number of children between the ages of 2 and 16 years known to be suffering from major or minor epilepsy. Fifteen cases were recorded, the majority being either minor epileptics or children whose fits can be controlled by suitable medication so as to enable them to lead normal lives and attend ordinary schools.

SPECIAL SCHOOLS

The shortage of accommodation for normal children again prevented the re-opening of the Day Open Air School. The absence of such a school is a serious defect in the school health service and the need for it is increasingly emphasised by the number of children referred from the hospitals by the consultant paediatrician with a recommendation for open air school education. The needs of many of these children could be met by a day open air school whereas at present they have to wait, frequently for several months, before a vacancy can be found at a residential school.

The day special school for educationally subnormal children was still handicapped by shortage of staff and it was not possible to expand beyond the two classes for 30 children in all, with which it was reopened in 1946. The need for additional places is urgent, particularly as there is a parallel shortage of special classes in the ordinary schools and vacancies in residential schools are difficult to obtain.

The shortage of accommodation in residential schools for all categories of handicapped pupils is serious. A blind or deaf child frequently suffers a very long delay before starting specialised education, whereas all informed opinion is in favour of such children being trained from as early an age as possible. For the delicate or physically handicapped child it means not only delay in beginning specialist education but a denial of the proper environmental treatment at the time when this may be most needed.

Because of shortage of staff many residential schools have now to refuse admission to those children who need most in the way of personal attention, such as the very young child, the enuretic, and the child with multiple defects.

The following table shows the number of children maintained during the year in residential special schools not provided by the authority.

BLIND AND PARTIALLY SIGHTED

	<i>Boys</i>	<i>Girls</i>
Chorley Wood College	—	2
Royal London Society for Training the Blind ...	—	1
Barclay School for Partially Sighted	—	1
Royal Normal College	1	—
Dorton House, Aylesbury	1	—
Drayton Manor	1	—

DEAF AND PARTIALLY DEAF

	<i>Boys</i>	<i>Girls</i>
Oak Lodge School for the Deaf	—	1
Royal School for the Deaf, Margate	3	1
Royal Institute for the Deaf, Derby	—	3
Rayners School, Penn	1	—
Havering House, Pewsey	—	1
Royal School for Deaf & Dumb, Martley, Worc.	1	—
Northern Counties Institution for Deaf & Dumb, Newcastle	—	1

EDUCATIONALLY SUBNORMAL

	<i>Boys</i>	<i>Girls</i>
Beacon School, Lichfield	2	—
Kingsmead School	1	—
All Souls, Pield Heath	—	1
Besford Court	2	—
Royal Eastern Counties Institution	1	—
Littleton House	2	—
Monyhull School, Birmingham	—	1

EPILEPTICS

	<i>Boys</i>	<i>Girls</i>
Lingfield Colony	1	—

PHYSICALLY DEFECTIVE AND DELICATE

	<i>Boys</i>	<i>Girls</i>
Meath Home Hospital School	—	1
Etherington Hall, Speldhurst	—	1
Hinwick Hall, Wellingborough	2	—
Victoria Home, Bournemouth	—	1
Hurst Lea, Sevenoaks	1	—
St. Catherine's Home, Ventnor	2	—
Zachary Merton School, Arkley	—	1
St. Patrick's, Hayling Island	—	1
St. Dominics Open Air School	1	—
Heritage Craft School, Chailey	1	—
Palace School, Ely	—	1
Hawkenbury Convalescent Home	1	—
Goldie Leigh Hospital School	—	1
Cheyne Hospital for Children	1	—

MALADJUSTED

	<i>Boys</i>	<i>Girls</i>
Chaigely Manor, Clitheroe	1	—
Haybrook House, Pewsey	1	—
Walton Elm, Marnhull	—	2
Red Hill School	1	—

The future provision of accommodation for handicapped pupils in the Eastern Region was the subject of a conference convened by the Ministry of Education in March, and attended by the Chairman of the Education Committee and the chief officers. It appeared that in future development a greater provision of boarding special schools by education authorities instead of by voluntary organisations is likely and there is a tendency to make the various regions more self-contained. This would be achieved by a reciprocal understanding between neighbouring Authorities whereby each would provide accommodation for one or more types of handicapped pupils, to which the children of the neighbouring Authorities would be admitted.

This arrangement has much to commend it. It would, however, be a pity if a too narrow interpretation of the policy of regionalisation were to limit unduly the choice of parents and Education Authorities in the selection of boarding special schools.

It is true that this choice is at the present time severely limited in practice by the extreme difficulty of obtaining vacancies. A study of the table above will show how widely scattered are the schools at which the Authority is maintaining children. Some time must elapse before sufficient accommodation is available in the Region and it is obvious that any premature restriction of the areas of intake of the schools provided by voluntary bodies would cause severe embarrassment to those authorities which have not hitherto maintained boarding special schools of their own.

TRAINING OF DISABLED PERSONS

Eleven students attending courses of instruction at the Municipal College under the Ministry of Labour's scheme for the Training of Disabled Persons, were medically examined.

In general, the response to the offer of medical examination under these arrangements is disappointing, but the reason, no doubt is to be found in the fact that the students are progressing satisfactorily and know how to obtain additional advice if they want it.

JUVENILE EMPLOYMENT

183 boys and 17 girls were examined for regular juvenile employment. Of these 28 boys and 2 girls were pupils at Grammar Schools. In addition 25 girls were examined for temporary theatrical licences.

PRIMARY AND SECONDARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS:—YEAR ENDED 31ST DECEMBER, 1947.

TABLE I.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	2,356
Second Age Group	...	...	...	1,569
Third Age Group	...	...	...	1,164
Total	...	...	...	5,089

Number of other Periodic Inspections ... —

B. OTHER INSPECTIONS.

Number of Special Inspections	...	6,848
Number of Re-Inspections	...	6,015
Total	...	12,863

C. PUPILS FOUND TO REQUIRE TREATMENT.

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	84	160	239
Second Age Group	133	64	197
Third Age Group	131	47	177
Other Periodic Inspections	—	—	—
Grand Total	348	271	613

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1947.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept unde observation, but not requiring treatment (5)
4	Skin	19	10	814	108
5	Eyes—				
	a. Vision ..	348	217	1021	36
	b. Squint ..	7	10	26	2
	c. Other ..	3	1	178	56
6	Ears—				
	a. Hearing ..	2	6	38	5
	b. Otitis Media ..	1	4	93	12
	c. Other ..	1	1	123	49
7	Nose or Throat ..	111	218	567	212
8	Speech	4	5	6	6
9	Cervical Glands ..	1	14	24	23
10	Heart and Circulation	—	23	6	19
11	Lungs	14	105	62	91
12	Developmental :—				
	(a) Hernia ..	5	11	12	8
	(b) Other ..	6	46	10	14
13	Orthopaedic :—				
	(a) Posture ..	3	15	6	1
	(b) Flat foot ..	129	358	16	8
	(c) Other ..	13	93	119	19
14	Nervous system :—				
	(a) Epilepsy ..	1	9	2	1
	(b) Other ..	1	6	11	9
15	Psychological :— ..				
	(a) Development	20	20	12	11
	(b) Stability ..	1	6	128	11
16	Other	46	132	1310	635

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col 2	No.	% of col. 2	No.	% of col 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2356	999	42.4	1312	55.7	45	1.9
Second Age Group	1569	683	43.5	857	54.6	29	1.9
Third Age Group	1164	626	53.8	531	45.6	7	0.6
Other Periodic Inspections ..	—	—	—	—	—	—	—
Total	5089	2308	45.3	2700	53.1	81	1.6

TABLE III

TREATMENT TABLES.

GROUP I—MINOR AILMENTS:—

(a)

*Number of Defects
treated, or under
treatment during
the year.*

Skin—

Ringworm—Scalp:

(i) X-Ray treatment 2

(ii) Other treatment —

Ringworm—Body 7

Scabies 88

Impetigo 338

Other skin diseases 222

Eye Disease 151(External and other, but excluding errors of refraction,
squint and cases admitted to hospital).*Ear Defects* 213*Miscellaneous* 593

(e.g. minor injuries, bruises, sores, chilblains, etc).

Total 1,614

(b) Total number of attendances at Authority's minor
ailments clinics 4,432

GROUP II—DEFECTIVE VISION AND SQUINT (excluding Eye Diseases treated as Minor Ailments—Group I):—

					No. of defects dealt with
<i>Errors of Refraction</i> (including squint)					547
Other defects or diseases of the eyes (excluding those recorded in Group I)					28
Total					575
No. of Pupils for whom spectacles were					
(a) Prescribed					486
(b) Obtained					379

GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT.

					Total number treated
Received operative treatment—					
(a) for adenoids and chronic tonsillitis					239
(b) for other nose and throat conditions					3
Received other forms of treatment					45
Total					287

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools					12
(b) No. treated otherwise, e.g. in clinics or outpatient departments					151

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated—					
(a) under Child Guidance arrangements					117
(b) under Speech Therapy arrangements					32

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

- (1) Number of pupils inspected by the Authority's
Dental Officers:—

(a) Periodic age groups	6,288
(b) Specials	2,328
(c) TOTAL (Periodic and Specials)	8,616

- (2) Number found to require treatment 5,342
 (3) Number actually treated 5,130
 (4) Attendances made by pupils for treatment 8,358
 (5) Half-days devoted to:—

(a) Inspection	45
(b) Treatment	918

Total (a) and (b) ... 963

- (6) Fillings:—

Permanent Teeth	2,250
Temporary Teeth	256

Total ... 2,506

- (7) Extractions:—

Permanent Teeth	1,399
Temporary Teeth	4,793

Total ... 6,192

- (8) Administration of general anæsthetics for
extractions 2,764

- (9) Other Operations:—

(a) Permanent Teeth	2,332
(b) Temporary Teeth	70

Total (a) and (b) ... 2,402

TABLE V

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by
school nurses or other authorized persons ... 33,952
 (ii) Number of individual pupils found to be infested ... 587

